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ABSTRACT

On June 9, 1987, a hearing was held for the purpose of receiving testimony about family preservation programs that aim to keep children out of foster care by strengthening troubled families. Testifying were program providers, a juvenile court judge, and families who have benefited from family preservation services. Testimony focused on the components of a successful family preservation program, populations for whom such programs are appropriate, and the timing and methods of intervention. Also discussed were how these preventive programs differ from other social services, barriers to their implementation or expansion, and their costs as compared to the costs of foster care or residential treatment. Prepared statements, letters, and supplemental materials include: (1) a description of a family preservation service delivery model; (2) a discussion of common goals, philosophies, and techniques of family-based services; (3) issues in building family preservation services as a core component of state child welfare systems; and (4) a statement of context and policy implications, a rationale, and applications for family preservation programs. Programs described were located in Maryland, New Hampshire, Florida, Iowa, California, and Virginia. (RH)

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PREVENTING OUT-OF-HOME PLACEMENT: PROGRAMS THAT WORK

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HEARING

BEFORE THE

SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES HOUSE OF REPRESENTATIVES

ONE HUNDREDTH CONGRESS

FIRST SESSION

HEARING HELD IN WASHINGTON, DC, JUNE 9, 1987

Printed for the use of the
Select Committee on Children, Youth, and Families

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PREVENTING OUT-OF-HOME PLACEMENT: PROGRAMS THAT WORK

TUESDAY, JUNE 9, 1987

HOUSE OF REPRESENTATIVES,
SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES,
Washington, DC.

The Select Committee met, pursuant to call, at 9:40 a.m., in room 1324, Longworth House Office Building, Hon. George Miller, Chairman of the Committee, presiding.

Members present: Representatives Miller, Lehman, Johnson, Hastert, Boggs, Evans, Durbin, Packard, and Holloway.

Staff present: Ann Rosewater, staff director; Karabelle Pizzigati, professional staff; Carol Statuto, minority deputy staff director; Evelyn Anderes, staff assistant; and Joan Godley, committee clerk.

Chairman MILLER. The Committee will come to order.

The purpose of this hearing is to continue our look at children in out-of-home care. Today we will examine an exciting new approach to keep children out of foster care by strengthening troubled families. That approach is the Family Preservation Programs that are springing up in various parts of the country.

Recent hearings and a nationwide survey on child abuse by the Select Committee on Children, Youth, and Families documented that the number of children placed in foster care is again on the rise.

Fueling this increase is the fact that far too many families lack the basic supports available to families even a generation ago.

Many families live in abject poverty; some families have been forced into the streets; still others take out their frustrations on children. Thousands of pregnant women are addicted to drugs or alcohol, or are too young to care for their offspring properly.

The result is that more abused and neglected and disabled children are in the foster care system. And these children are suffering from more complex and more severe problems.

Foster care, no matter how devoted the foster family, is no place for a child to grow up. Being moved from foster home to foster home only reinforces the child's belief that he or she is bad, disabled, unwanted and unlovable.

As we have learned, too frequently, foster care is not the safe haven it is intended to be. We have also found that much of the foster care placement is avoidable if appropriate preventive and reunification services such as those mandated by Public Law 96-272 are provided. In an effort to promote permanency in children's lives, prevent abuse and neglect, and, when possible, keep families

together, public and private agencies are beginning to provide intensive family-based services to families in which removal of a child is imminent, and with good results. The number of children in foster care and the length of stay has decreased in many states. More families are learning to cope with serious stress without resorting to violence or neglect, and states are saving money on averted placement costs.

While family preservation programs offer great promise to troubled families, we need to provide services to families before they reach crisis. We also need to help families maintain those gains made through family preservation programs.

Today we will hear from program providers, from a juvenile court judge, and from families who have benefited from family preservation services. We will learn what the components of a successful family preservation program include, for whom such programs are appropriate, and when and how to intervene. We will also explore how these programs differ from other social services, barriers to their implementation or expansion, and their costs as compared to the costs of foster care or residential treatment.

I look forward to the testimony that we will receive, and I want to thank in advance all of the witnesses who have taken time to come and to be with us this morning.

Our first panel will be made up of Al Durham who is a Program Specialist for Intensive Family Services from Baltimore, Maryland, who will be accompanied by three parents, Martha, Deborah and Lisa; the Honorable John Tracey, who is a juvenile court judge from Montgomery County and Chairman of the Task Force on Permanency Planning for the State of Maryland; Kristine Nelson, who is a Senior Researcher, Natural Resource Center of Family-Based Services and Associate Professor, School of Social Work from the University of Iowa, Iowa City; and Frank Farrow who is the Director of Children's Services Policy, Center for the Study of Social Policy in Washington, D.C.

If you come forward to the witness table, we'll recognize you for the purposes of your testimony in the order in which I called your names. Your complete statement will be placed in the record in its entirety. Proceed in the manner in which you are most comfortable. And again, let me welcome each and every one of you to the committee. We are delighted to have you participate with us this morning and appreciate you taking your time to join us.

OPENING STATEMENT OF HON. GEORGE MILLER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF CALIFORNIA, AND CHAIRMAN, SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES

PREVENTING OUT-OF-HOME PLACEMENT: PROGRAMS THAT WORK

June 9, 1987

In our continuing look at children in out-of-home care, today we will examine an exciting new approach to keeping children out of foster care by strengthening troubled families: family preservation programs.

Recent hearings and a nationwide survey on child abuse by the Select Committee on Children, Youth, and Families document that the number of children placed in foster care is again on the rise. Fueling this increase is the fact that far too many families lack the basic supports available to families even a generation ago. Many families live in abject poverty. Some families have been forced onto the streets. Still

others take out their frustrations on the children. Thousands of pregnant women are addicted to drugs or alcohol or are too young to properly care for their offspring. The result: more abused, neglected and disabled children are entering the foster care system. And these children are suffering from more complex, more severe problems.

Foster care, no matter how devoted the foster family, is no place for a child to grow up. Being moved from foster home to foster home only reinforces a child's belief that he is bad, disabled, unwanted, and unlovable. As we have learned, foster care too frequently is not the safe haven it is intended to be.

We have also found that much of foster care placement is avoidable, if appropriate preventive and reunification services, such as those mandated in P.L. 96-272, are provided.

In an effort to promote permanency in children's lives, prevent abuse and neglect and, when possible, keep families together, public and private agencies are beginning to provide intensive, family-based services to families in which removal of a child is imminent. And with good results: the number of children in foster care or their length of stay has decreased in many states, more families are learning how to cope with serious stress without resorting to violence or neglect, and states are saving money on averted placement costs.

While family preservation programs offer great promise to troubled families, we need to provide services to families before they reach a crisis. We also need to help families maintain those gains made through family preservation programs.

Today, we will hear from program providers, from a juvenile court judge, and from families who have benefited from family preservation services. We will learn what the components of a successful family preservation program include, for whom such a program is appropriate, and when and how to intervene. We will also explore how these programs differ from other social services, barriers to their implementation or expansion, and their costs as compared to the costs of foster care or residential treatment.

I look forward to hearing from our witnesses about this promising trend to help strengthen and maintain families, and to keep children where they belong: in their own permanent homes.

Before we begin, let me just recognize Congressman Bill Lehman of Florida for any statement he might have.

Mr. LEHMAN. Thank you Mr. Chairman. I'm happy to be here. I regret that I have to make a little meeting at 10, but I'll stay as long as I can.

CHAIRMAN MILLER. Thank you very much.

Al, we'll begin with you.

STATEMENTS OF AL DURHAM, PROGRAM SPECIALIST, INTENSIVE FAMILY SERVICES, SOCIAL SERVICES ADMINISTRATION, AND SONDRA JACKSON, PROGRAM MANAGER, SERVICES OF FAMILIES WITH CHILDREN, STATE OF MARYLAND

Mr. DURHAM. Thank you very much. Good morning Mr. Chairman. Along with me this morning is the Program Manager of the State of Maryland's Services of Families with Children, Mrs. Sondra Jackson, who will also be part of the testimony about the Intensive Services Family Program in the State of Maryland.

Mrs. JACKSON. Good morning. I'd just like to give an overview of how we got to this Intensive Family Services project in the State of Maryland.

We would like to thank Chairman Miller of the House Select Committee on Children, Youth, and Families, for the opportunity to share with you the Maryland family preservation services delivery model.

For several years now the State of Maryland, in its categorical approach to social services, has struggled to make functional differences between protective services, placement services and preven-

tion services. Like most states, the thrust to protect children has forced programming efforts, in times of budget concerns, in the direction of child protection and placement services, leaving limited resources for the development of prevention services.

Child welfare policy is preparing to make a change and focus the treatment of the child to the treatment and rehabilitation of the child in his own family. We recognize that no longer is foster care the solution to family problems, nor are protective services adequate in the overall problem of abuse and neglect. Surely we can not negate the deaths of children cause by abusive parents, neither can we ignore the fact that there will always be children in need of substitute parental or institutional care.

However, we believe that a social service system that adopts a family centered, rather than a child focused, philosophy, must have in place a well designed and effective family services delivery model.

The Intensive Family Services model in Maryland, we believe, has demonstrated prevention services programming. In Maryland, the Department of Human Resources, the Social Services Administration's child welfare goal to prevent out-of-home placements of children resulted in examinations of innovative methods of service delivery to accomplish this goal.

After investigating preventive programs in other states, examining our own population and resources, the Intensive Family Services model service delivery was selected because of this demonstrated effectiveness with at risk populations.

In fiscal year 1985, Intensive Family Services pilot projects were implemented in eight local departments of social services within the State of Maryland. As a result of experiences with those local departments, we have learned much about how intensive family services may be delivered within the social services structure in Maryland. To allow further implementation of Intensive Services Model, in fiscal year 1986 the Maryland General Assembly allocated 56 positions, 25 social workers, 25 parent aids, three supervisors, and three clerical positions, as well as supportive services firms to meet needs of families targeted for Intensive Family Services. Staff allocations were made to local departments based on the foster care populations, and with consideration to continue the efforts already designed in the demonstration localities.

The original funding allocation was $1,200,000.

We will let the Project Specialist give you more specifics about the model and how the program actually works in the State of Maryland.

Mr. DURHAM. The Maryland model, as Mrs. Jackson mentioned, is part of the Social Service Administration of the State of Maryland. As a result, most of our programming is done within the system, it is not farmed out out, as we might call it, or sent out to private agencies, or private contractors.

Intensive Family Services is a service delivery model of concentrated and clearly defined services to families with children who are at risk of out-of-home placements. One of the imminent prerequisites to getting into the program is that a youngster must be in danger of foster care, and the family is experiencing some type of

crisis in order for them to be involved in the Intensive Family Services Program.

The emphasis is on time limited, intensive home-based, family centered services with families that are in this crisis and who have youngsters who are at risk of placement. The project is administered in the State of Maryland by the Services to Families With Children program. It has several unique features. Those features include a team approach to service delivery.

In the State of Maryland we use a social worker and a parent aide or paraprofessional who work together as a team with families over a 90-day time period.

In addition, we have small caseloads. Our model is designed to have families being serviced by this team with only six families to a team over a 90-day period. Therefore, affording the family an extreme heavy concentration of time on the part of the two workers, an extreme heavy amount of direct service delivery by the team and the use of other professionals that the team brings to their disposal while they are working with the families during this 90-day period.

We also have available flexible dollars. This is a unique feature we have in Maryland that a lot of other states don't have with programs similar to this. The flexible dollars are a source of funds that the workers have at their disposal for immediate needs or emergencies such as housing situations, which is a major problem encountered by many of our families. They can pay for rent, pay back rent, if need be, to keep a family from being evicted. They can turn on gas and electric, cut on emergency fuel. They can access these funds right away, and don't have to go through an elaborate process of signing up and being on a waiting list to receive services of an emergency nature. Flex dollars allows it to happen and the families are accessed to it by the IFS teams.

There is also a consultant that we have on board, which is another unique feature. We have an outside family therapist, or family practitioner which provides consultation and is on-call, so that if we have a family that is in extreme danger or an emergency crisis, we can tap right into the consultant, we don't have to be on a waiting list or be in a hospital or and wait until time can be allowed that the family can be seen. They have access to a family consultant in each of the jurisdictions.

Our first program is right now in 14 of Maryland's 24 counties, with plans to be statewide by next fiscal year.

The other most unique feature of IFS is the unlimited family contact. During this 90 day period of involvement, the IFS team goes to see the family an extensive amount of time. It can go anywhere from 10 to 15 to 20 hours a week. If this family needs it, services are delivered over an extended time period of 90 days, but concentrated on a weekly basis. Whatever that family needs, whatever services need to be delivered, the family receives it from this IFS team.

Chairman MILLER. Thank you very much.

[Prepared statements of Sondra Jackson and Al Durham follow:]

PREPARED STATEMENTS OF SONDRA JACKSON, PROGRAM MANAGER, AND AL DURHAM, PROGRAM SPECIALIST, INTENSIVE FAMILY SERVICES PROGRAM, DEPARTMENT OF HUMAN RESOURCES, SOCIAL SERVICES ADMINISTRATION, STATE OF MARYLAND

INTENSIVE FAMILY SERVICES/A FAMILY PRESERVATION SERVICE DELIVERY MODEL

We would like to thank Chairman Miller and the House Select Committee on Children, Youth and Families for the opportunity to share with you the Maryland Family Preservation Services Delivery Model. For several years now, the State of Maryland, in its categorical program approach to social services, has struggled to make functional distinctions between protective services, placement services, and prevention services. Like most states, the thrust to protect children has forced programming efforts (in times of budget constraints) in the direction of child protection and placement services, leaving limited resources for the development of prevention services.

Child welfare policy is preparing to make a change in focus from the treatment of the child to the treatment of and rehabilitation of the child in his own family. We recognize that no longer is foster care the solution to family problems, nor are protective services adequate in the overall problem of abuse and neglect. Surely, we cannot negate the deaths of children caused by abusive parents. Neither can we ignore the fact that there will always be children in need of substitute parental or institutional care. However, we believe that a social service system that adopts a family centered rather than child focused philosophy must have in place well designed and effective family service delivery models. The Intensive Family Services model, we believe has demonstrated prevention services programming.

In Maryland, the DHR/SSA Child Welfare goal to prevent out-of-home placements of children resulted in examinations of innovative methods of service delivery to accomplish this goal. After investigating prevention

programs in other states, examining our own service population and resources, the Intensive Family Services (IFS) model of service delivery was selected because of its demonstrated effectiveness with at risk populations. In FY 1985, IFS pilot projects were implemented in eight local departments of social services. As a result of the experiences of those local departments, we have learned much about how Intensive Family Services may be delivered within the social service structure in Maryland.

To allow further implementation of the IFS model in FY '86, the Maryland General Assembly allocated 56 positions (25 social workers, 25 parent aides, 3 supervisors and 3 clerical positions) as well as supportive service funds to meet needs of families targeted for IFS. Staff allocations were made to local departments based on the foster care populations and with consideration to continue the efforts already begun in the demonstration localities. The original funding allocation was $1,200,000.

(The project specialist will give you the specifics of the model.)

Intensive Family Services is a service delivery method of concentrated and clearly defined Services to Families With Children who are at risk of out-of-home placements. The emphasis is on time limited, intensive, home-based, family centered services with families in crisis and/or at risk of out-of-home placement of children. The project is administered by SFC.

- IFS staff is appropriately placed with the Child protection Services (CPS) or the Services to Families With Children (SFC) units in local departments of social services.

- IFS is distinguished by:

  - a team approach to service delivery
  - small caseloads
  - flexible dollars
  - 90 day limitation
  - specially trained staff
  - staff consultation with family therapist
  - unlimited family contacts.

FOSTER CARE PLACEMENTS
FROM INTENSIVE FAMILY SERVICES
AND FROM TRADITIONAL SERVICE PROGRAMS

	Number of Families	Number Requiring Out-of-Home Placement	Placement Rate
INTENSIVE FAMILY SERVICES			
At Entry	160	9	6%
At Service closure	160	3	2%
TRADITIONAL SERVICES			
At Entry	316	125	40%
At Service Closure (Or After six months)	192	29	15%

INTENSIVE FAMILY SERVICES
Estimated Cost Savings

ANNUAL COST OF PROVIDING SERVICE TO 1,000 CHILDREN	Foster Care	Intensive Family Service
	$8,500,000*	$2,326,000**

COST SAVINGS THROUGH INTENSIVE FAMILY SERVICES: $6,174,000

*Foster Care
Average annual cost per case (one child) = $8,500;
Includes salaries and maintenance payment costs.

**Intensive Family Services
Average annual cost per case (one family) = $2,200;
Includes salaries and flexible fund costs.

Intensive Family Services Placement Rate = 2% (of 1,000 children)
20 children placed at $8,500 = $170,000
980 children at home at $2,200 = $2,156,000

IMPROVEMENT IN PRESENTING PROBLEMS
OF INTENSIVE FAMILY SERVICES CASES
(AN EARLY SAMPLE)

Number of Cases: 160

Family Condition	Intake	Outcome	Percent Improvement
Stable Employment	30.8	37.4	21.4
Residential Stability	55.6	60.7	9.2
Safe Home Conditions	80.6	86.5	7.3
Adequate Supervision of Child	62.5	76.5	22.4
Caretaker with Supports	26.9	31.3	16.4
Caretaker Cooperative	23.1	42.0	81.8
Emotionally Stable	46.2	62.0	34.2
No Substance Abuse	66.9	70.6	5.5
No Physical Harm	79.2	82.2	3.8
No Sexual Abuse*	93.1	92.0	-1.2
No Fear of Home*	88.7	86.5	-2.5

*The negative change in these situations is as a result of I.F.S. uncovering conditions that were undetected or unreported initially by the referral source.

Chairman MILLER. Judge Tracey.

Judge TRACEY. Thank you, Chairman Miller.

Chairman MILLER. Judge Tracey, I guess you'll have to excuse me; we have the parents who are part of the presentation, so Martha, you're going to be first.

STATEMENT OF MARTHA, A PARENT, INTENSIVE FAMILY SERVICES PROGRAM, PRINCE GEORGE'S COUNTY, DEPARTMENT OF SOCIAL SERVICES, MARYLAND

MARTHA. Okay. How Intensive Family Services have——

Chairman MILLER. We're going to need to pull that microphone over to you so we can all hear you there.

MARTHA. How Intensive Family Services have helped to keep my family together.

When Marcy Rose and Peggy Smith came into our lives, we did not have any electricity and the bills were so high I did not know how we were going to pay it. My husband is mentally ill, and he would give the money away instead of paying his bills. The gas was on its way to be turned off too. They went to churches and other places and got money to pay the bills. Now I have electric and the bill is paid, and the gas bills too.

They also got me a washer because I could not afford to go the washer. We live on low income. They got the two younger kids into day care. They got beds for the girls. They got clothing for the kids. They got my son into Job Corps. They paid my rent, which was two months behind. They gave me counseling. I could call them at home when I had a problem.

They also got involved with the kids. They counseled them too.

They are helping me to find a job. They are also trying to help me to get my husband's check in my name so I can keep the bills up.

I'm glad they came into my life. It was good to know there is people like Marcy and Peggy that can come into your life and make things better. You know, when they came into my life, I was scared because I thought they was going to take my kids from me, but it don't work like that.

They come into it to keep the family together. Marcy and Peggy are my friends as well as people there to help me. I think that everybody like me needs somebody like them because they don't look down their nose at you because you don't have. They can also open doors that we can't and I signed P.S. and I love them.

Chairman MILLER. Thank you, Martha.

[Prepared statement of Martha follows:]

PREPARED STATEMENT OF MARTHA, A PARENT, INTENSIVE FAMILY SERVICES PROGRAM, PRINCE GEORGE'S COUNTY, DEPARTMENT OF SOCIAL SERVICES, PRINCE GEORGE'S COUNTY, MD

How Intensive Family Services has helped to keep my family together. When Marcy Rose and Peggy Smith came into our lives, we did not have any electric and the bill was so high I did not know how we were going to pay it. My husband is mentally ill and he would give the money away instead of paying his bills. The gas was on its way to be turned off too. They went to churches and other places and got money to pay the bills. Now I have electric and the bill is paid and the gas bill too. They also got me a washer because I could not afford to go do the washing. We live on low income. They got the two younger kids into day care. They got beds for the girls. They got clothing for the kids. They got my son into Job Corps. They paid my rent which was two months behind. They gave me counseling. I could call them at home when I had a problem. They also got involved with the kids. They counseled them too. They are helping me to find a job. They are also trying to help me get my husband's check in my name so I can keep the bills up. I'm glad they came into my life. It is good to know that there is people like Marcy and Peggy that can come into your life and make things better. You know when they came into my life, I was scared because I thought they was going to take my kids from me but it don't work like that. They come to keep the family together. I think that everybody like me needs somebody like them because they don't look down their noses at you because you don't have. They also open doors that we can't.

Thank You

Martha

P.S. I love them.

STATEMENT OF DEBORAH, A PARENT, INTENSIVE FAMILY SERVICES PROGRAM, PRINCE GEORGE'S COUNTY, DEPARTMENT OF SOCIAL SERVICES, MARYLAND

DEBORAH. Before Intensive Family Services came into my life, my life had become unmanageable. I was drinking most of the time. I was forgetting things and being negligent toward my child. I can tell you I was a very unhappy women for a number of reasons.

The school started to complain that my child was unhappy. So they called in Intensive Family Services for help. I can tell you they helped me a lot. Miss Laura Cover and Miss Peggy Dickers came out to talk to me about my life and my child and the problems we were having. She asked me if I was willing to take in some meetings like Alcoholics Anonymous and parenting classes. I really learned a lot from those classes. Alcohol Anonymous helped me to learn that you don't have to drink to be loved by other people, and drinking don't do nothing but ruin your life, and make things worse.

Parenting learned me to listen to my child and to be patient with my daughter and to listen her and to understand her life is not just fun and games. At home I didn't have people to listen to me.

Miss Laura and Miss Peggy understood and listened. I like them very much and I know I couldn't have got my life back together if I didn't have their support.

Chairman MILLER. Thank you, Deborah.

[Prepared statement of Deborah follows:]

PREPARED STATEMENT OF DEBORAH, A PARENT, INTENSIVE FAMILY SERVICES PROGRAM, PRINCE GEORGE'S COUNTY DEPARTMENT OF SOCIAL SERVICES, PRINCE GEORGE'S COUNTY, MD

Before Intensive family Services came into my life, my life had become unmanageable. I was drinking most of the time. I was forgetting things and being neglectful toward my child. I can tell you I was a very unhappy woman for a number of reasons. The school started to complain that my child was unhappy. So they called in Social Services and I can tell you it helped me a lot. Miss Cover came out to talk to me about my life and my child and the problems we were having. She asked me if I was willing to try some meetings like Alcohol Anonymous and parenting classes. I have really learned a lot from the classes. Alcohol Anonymous has helped me to learn that you don't have to drink to be loved by other people and drinking don't do nothing but ruin your life and make things worse. It learned me to listen and be patient with my daughter and to listen to her and understand her life is not just fun and games. At home I didn't have people to listen to me. Laura and Peggy understood and listened. I like them very much and I know I couldn't have got my life back together if I didn't have their support.

STATEMENT OF LISA, A PARENT, INTENSIVE FAMILY SERVICES PROGRAM, PRINCE GEORGE'S COUNTY, DEPARTMENT OF SOCIAL SERVICES, MARYLAND

LISA. I just want to start with the problems that led me to IFS.

A year ago, my boyfriend and I, had a baby. My boyfriend was black. I came from a family who is very prejudiced and they decided that I couldn't be a part of the family anymore. My family tried to persuade me to giving my child up for adoption, told me if I didn't get my life back together, you know, I could never be a part of the family. I chose not to give my child up. From there I went to a shelter because the day I had my child was the day I moved out of my parents house.

I moved into a shelter which, we had a 4 o'clock curfew in the afternoon, which means by the time that you got started to go out to prepare yourself to look for a job, get interviews, find a place to live, it's time to come back. If you were late, you were kicked out, and when you went to the shelter you had a understanding that you had a limited time to be there.

By the time my time was up, I still had nowhere to go. From there I went to the worse part of Washington, DC, where I stayed with a woman in an apartment with my boyfriend and his father, and their lease ran out and I had no where else to go again.

My parents finally let me come back for a couple of months. They gave me a limited time to be there. From there I got in contact with IFS.

It was really the best thing that happened to me in several months. When I called them and talked about a few things, they had discussed a date and a time to come see me, which made me feel good because for once in my life somebody was coming to see me, I didn't have to go to them to get help.

The first time the counselors came, we talked my problems and what I needed to survive with, so that I didn't feel like I had to give up my child. The first step was knowing I could trust someone to see me through this and knowing that they respected me. The step was making sure that was getting some kind of income, mind you I couldn't work because I couldn't get anyone to watch my child. My family wouldn't do it, and I didn't have the money to pay anyone.

IFS helped me get in touch with social services, which provided me with at least some income, and food stamps to provide for myself and my child. The third step was me, what I wanted in life. We sat and we would talk about this every meeting, so at least I could think about it. Let me say that always they had funds. Whenever I needed to get to some place, to sign up for PA assistance they got me there. There was a time when I didn't have my PA and yet, they gave me some food coupons so I could get formula for my child, which was real helpful.

IFS also helped me find an apartment. Like I said, I was homeless for so long, I had been homeless for 9 months, that means I've was back and forth to DSS and never had anything to call my own. They gave me listings of several apartments which were Section 8 housing, low income, they gave me a list of rooms

for rent and I finally got an apartment, and they helped me get there to apply for that apartment.

As it turned out, I got my apartment but if it had not been for IFS I'd still be looking and I'd be homeless. I was still thinking next what to do for a living. I'm not one to stay on PA. I've always had a good job.

Well, IFS told me about this program I.J.O., which they helped me sign up for. I went for a seminar and I was interviewed and I was accepted for the program. I just completed a three week class, and moving right along. I.J.O. pays for my child care and my transportation through the whole time I'm in school until I get into a job, until I'm financially set to take care of myself and those bills.

IFS has made me feel good about myself. At one time I was very mentally drained. I felt like giving up. I didn't want to live anymore. They helped me see myself for what I really was. Now I'm happy, I'm aggressive and I'm a survivor. I feel like a real human being. I can only say thank God, and thank IFS for helping me through the roughest time of my life.

I feel that IFS is a program that can help a great portion of the nation's problem of keeping families together.

Chairman MILLER. Thank you. Thank you very much.

[Prepared statement of Lisa follows:]

PREPARED STATEMENT OF LISA, A PARENT, INTENSIVE FAMILY SERVICES PROGRAM, PRINCE GEORGE'S COUNTY, DEPARTMENT OF SOCIAL SERVICES, PRINCE GEORGE'S COUNTY, MD

Let me start with the problems that led me to Intensive Family Services. About a year ago I became pregnant by a black man and I decided to keep my baby. Well I come from a pretty well off family and when I told my family they decided that I could not be a part of the family anymore. I might add that my family is somewhat prejudiced and could not accept the fact I was pregnant by a black person, so I was allowed to stay with them until I had my child. When my daughter was born, it seemed the end was near. I wasn't allowed to take her to my parents and they kept trying to persuade me to give her up. Even at one point it was either I give her up and get my life together or I would not have a family. I chose to keep her.

My family said I couldn't come back, so I had this new born child with nowhere to go. I did manage to get in a shelter with a 4:00 p.m. in the afternoon curfew which by the time you get ready to go look for a place to live, a job, and so on it was time to come back and if you were late they would kick you out. And I might add that they gave you a certain amount of time to be on your own. I still hadn't found a place to live and my time was up and I had to go. From there I went to the worst part of Washington, D.C. where I stayed in a one room apartment with the father of my child and his father. After a few months they had to move and I had nowhere to go again. By this time it's Christmas time. Seven months of trying to survive trying not to give up. I finally convinced my parents

to let me stay for a while. They said yes but I had a limited time. From there I got in touch with Intensive Family Services. It was really the best thing that had happened to me in seven months. When I was called I was asked a few questions then they set a date and time when they could come talk to me. Imagine that, someone had finally cared enough to come to me instead of me going to them. The first time my counselor came over, we talked about my problems and what I needed to survive without feeling like I had to give up my child so that I could get my life together. The first step was knowing I could trust someone to see me through this and knowing that they respected me.

The second step was making sure that I was getting some kind of income. Mind you, I couldn't work because I couldn't get anyone to watch my child. My family wouldn't and I didn't have the money to pay anyone. Intensive Family Services helped me get in touch with Social Services which provided me with at least some income and food stamps to feed my child and myself.

The third step was me, what did I want in life. We sat and we would talk about this every meeting, so at least I could think about it. Let me first say they always had funds to help me get to the places I needed to get to, for example, to apply for Public Assistance or to get food or what have you. At one point they even gave me some food coupons so that I could get formula for my child before my Public Assistance was approved.

The fourth step was I needed a place to live. Intensive Family Services helped me with finding an apartment. They had some leads on Section 8 housing. They got me an application for one place, got me there to apply and gave me several listings on others, just in case, and listings on rooms-for-rent. Well as it turned out I got an apartment but if it hadn't been for Intensive Family Services I'd still be looking and be homeless. I still was thinking of what to do next, I mean for a living because I'm not one to stay on Public Assistance. I've always had a job. Well Intensive Family Services told me about this program I.J.O (Investment in Job Opportunities) which they helped me sign up for. I went for a seminar and I was interviewed and was accepted for the program. I just completed a three week class and I'm moving right along. I.J.O. paid for my child care and transportation while I'm in school and they will continue until I finish school and get on the job and financially set to take care of these fees myself. I finally am going to get to go to medical school and get my life back to normal. Intensive Family Services has made me feel good about myself again where as at one time I was very mentally depressed and ready to give up. They have helped me see myself for what I really am. I'm happy, healthy, aggressive, and a survivor. I feel like a real human being again. I can only say thank God and thank Intensive Family Services for helping me through the roughest time in my life. I feel that Intensive Family Services is a program that could help a great portion of the nation's problems with keeping families together, off welfare, not homeless, and the biggest problem dealing with mental pressure.

Chairman MILLER. Judge Tracey.

STATEMENT OF JUDGE JOHN TRACEY, JUVENILE COURT JUDGE, MONTGOMERY COUNTY, MD, AND CHAIRMAN, PERMANENCY PLANNING TASK FORCE, STATE OF MARYLAND

Judge TRACEY. Chairman Miller, ready.

I appreciate the opportunity to come here today, I appreciate the work of your staff.

You have copies of the prepared statement, which sets forth, that I am enthusiastic, supportive and appreciative of the Intensive Family Service program, especially in Maryland, and throughout this country I am in favor of any placement prevention program found to be of benefit.

As we listen to the presentation of the Maryland model, and we also heard from the parents, those parents have received benefit from the Intensive Family Service Program. There is however another aspect that I want to bring to the attention of the Committee.

The funds that are set forth for Intensive Family Services, or for investigators for child abuse and child neglect, these monies are being funneled to specific areas that are implemented prior to the formal court envolved proceedings. After a child comes into our system through the courts and formally placed in shelther or in foster care, we also have an obligation to reunite those families. The intensive Family Service project is designed as a preventative undertaking and is not available to the court system once a child comes into care.

Every family that I serve should be able to receive the same quality of care that is being offered as a preventative service after coming into the formal phase of child welfare. I've been a juvenile court judge for 18 years in Montgomery County, Maryland. I am the Chairman of the Task Force on Permanency Planning for the State of Maryland so trying to reunite families is not new to me. I have concerns with what is happening within the Department of Social Services Child Care Division or Foster Care Division. There are not enough workers. The workers themselves, who are very dedicated, are deluged with mandated reports paper writings and memoranda that of necessity must be submitted. But the time that they can devote to the hands-on services to those families is severely limited. The child care workers, inside of the agency and after the child is placed, do not have the flexibility that has been presented under the Intensive Family Services programs.

We do not have the flexible money. We do not have the immediate needs program where if the gas is off, that can be provided. This flexibility should be readily available but it's a lot of red tape to accomplish that task. When I listened to the Maryland model being presented, where they have therapy and consultant capability etc., I wish that I had those options after the child comes in to our court system. Over the years our delivery of Services has been to delegate services out on a contractual basis to private vendors of services. There are long waiting lists for people to become involved with added transportation problems in order to get those families to a central point where they can utilize those services. The courts and the Department of Social Services wish to reunite families, and

again I reiterate, I am supportive in the intensive family service system. Thank God we have it, and I listen to the parents here who are appreciative of that which has been provided to them.

But I want the Committee, as they continue to investigate to be actively involved in this, to look what is happening inside, to see if we may take another road in addition to, and not in substitution for—bringing together a system involving the legislative, judicial and executive branches, to truly bring families together where at all possible.

I want to state also that there are some families where there is no hope or expectation by any stretch of the imagination to bring those families together. Therefore, we must plan permanently for those children, either through adoption or long-term homes where they feel comfortable and those children are not waiting for their families, their natural parents, to get themselves together.

On looking at all phases of child welfare.

Chairman. MILLER. Thank you. Thank you very much.

[Prepared statement of Judge John Tracey follows:]

PREPARED STATEMENT OF JUDGE JOHN TRACEY, JUVENILE COURT JUDGE, MONTGOMERY COUNTY, MD AND CHAIRMAN, PERMANENCY PLANNING TASK FORCE, STATE OF MARYLAND

In my Court, I see many families and children who have needed help, but have not gotten it and end up facing foster care and other costly out-of-home placements.

The Court and the Department of Social Services can be very helpful in intervening with families in trouble early on. Many times this can occur prior to formal Court involvement, although the Court may be advised. It is important for families with children at risk of placement to understand that, while formal proceedings have not begun, action might be taken if changes are not made.

Intensive family services programs, like we have here in Montgomery County and in other parts of the state, have been able to assist families in a variety of difficult circumstances without the necessity for formalized Court proceedings. And, as a result, we have avoided removal of children from the home, helped reunify families and assisted them in achieving more stability.

Intensive pre-placement prevention is important: whenever possible, we need to prevent having to place children into foster care. However, sometimes out-of-home placement -- temporary or otherwise -- is the only alternative. In these

cases also, it is critically important that good services be present and accessible for families.

What we need is a continuum of intensive family based services that can help families who require different kinds of assistance at various points. If we tell a community and its families that we are there to help -- not do for them, but enable them to do for themselves -- the services need to be there. In recent years, there has been a dramatic rise in child abuse reports, especially child sexual abuse. We have put a lot of money and attention into reporting and investigation, but once families come into the system, services are often not there. Poor families, especially, tend to get short-shrift, because they do not have the money to go out and buy the services they need.

These issues pertain not only to situations involving the abuse and neglect of children, but also situations involving older delinquent children, whose parents have given up on them or feel that they no longer have any control. There is the need to reorient services to offer alternatives to these families and children as well.

In addition, based on my experience, I have become more and more convinced that there should be a centralized place where families could obtain the range of assistance they might need. Currently in many jurisdictions, if you need food stamps, you

go one place. If you have a problem with housing, you go somewhere else. If you have employment needs, you get to find another office. And, on and on. Fragmented service delivery only sets up additional barriers for families who aren't doing well in the first place.

Maryland's new Governor has raised the visibility of children, youth and family issues within the State, and I look forward to more progress on these issues statewide. In my Court, I work to set examples that can make a difference in services to families. Juvenile courts are all different, with each state operating in its own way. If we draw on model efforts, we all will benefit.

Thank you for the work that you are doing and for this opportunity to testify. I would be happy to respond to any questions you might have.

Chairman MILLER. Ms. Nelson.

STATEMENT OF KRISTINE NELSON, DSW, SENIOR RESEARCHER, NATIONAL RESOURCE CENTER ON FAMILY BASED SERVICES, AND ASSOCIATE PROFESSOR, SCHOOL OF SOCIAL WORK, THE UNIVERSITY OF IOWA, IOWA CITY, IA

Ms. NELSON. I'm pleased to be here to testify on behalf of the National Resource Center on Family Based Services, and to answer any questions that you might have about family based services.

I have provided some additional materials to the staff that will be available by request.

Family based services in general are a fairly new, rapidly growing area of child welfare services in which the focus is on the whole family, not on individual members of the family; in which services are provided intensively, that is at least 1 to 2 hours a week, minimum, face-to-face contact with the family; which are generally short-term, lasting no longer than 3 to 6 months; and which are enabled by low caseloads averaging about 10.

The National Resource Center, through its training, research and technical assistance is familiar with many of these programs across the country, and I want to emphasize some of the common features of these programs which include goals, philosophy and techniques. The goals, of course, of all the family based service programs are to maintain children in their own homes and to reunify families whenever possible, and, of course, if this is not possible to facilitate permanent plans for the children.

The programs report success rates of 80 to 90 percent in keeping extremely high risk children and families together rather than putting them in foster care or institutional placement.

A second common feature is the philosophy that looks at child welfare problems as developing in a context of family and community, and takes a system's orientation in working with both the family and the community, and working with the individuals in the context of the family. We do not believe that any individual family member can change apart from the context of change in the whole family.

The third common feature is interventive techniques that are brought to bear with these families. The most recent intervention to be added to the repertoire of child welfare services is family therapy, which is practiced in numerous different ways but which always focuses interventions on the entire family, looking at communication, relationship, and coping patterns. However, therapy is not enough, counselling is not enough, and these programs also, as the Maryland model demonstrates, offer a range of other services, including traditional case work services, parent education, homemaker services, and emergency financial aid, and these are very important to the success of the program.

Most especially public agencies have significant barriers to delivery of family based services, including rigidly compartmentalized services which separate investigation from treatment, and treatment from the supervision of substitute care, and they also have caseloads which are much too high to provide intensive services. However, many agencies have successfully reorganized those serv-

ice delivery systems to provide intensive family treatment within public agencies. Others continue to contract with private agencies for these services. Reorganization brings smaller caseloads, reduced paper work and more direct contact time with families. It also can bring significant cost savings in terms of reducing the cost of foster family care and institutional placements. However, it's important and essential that any savings be reverted to prevention programs and to training for the workers to provide these programs.

One problem that the programs have faced recently is higher referral rates to child welfare services, which inevitably lead to higher placement rates, and because of the interdependent nature of the funding of these placement and prevention programs, reduce the amount of money available for prevention programs.

There is no single model of family based services, there is a mix of professional and para-professional providers, public and private providers, and models of intervention and time involved. We need to learn from these different models and to specify which types of interventions and programs are most effective with different populations, communities, age groups, etc., and I urge the Federal Government to continue to fund research and information dissemination projects so that we can learn from all these programs.

A second priority is to monitor and understand the actual delivery of these services. Seven years have passed since the passage of Public Law 96-272, which mandates preventive services, and recent research has shown that services are being offered unevenly at best. There is some indication that they still may be triggered more by placement than offered in preventing placement.

The Federal Government needs to take a more active role in monitoring the implementation of Public Law 96-272 to ensure that states are fulfilling its mandates.

Third, we need a continued supply of skilled workers to provide these intensive services, and that requires continuation of funding for professional education and in-service training for these workers.

Finally, I think we can look to the future and broaden the scope of family based services to families who are threatened with separation due to developmental disabilities, aging, mental illness, and other problems. Separation from their families is as devastating to elders as to children, to the differently abled as to the able bodied, to the sick as to the well, to the offender as to the law abiding citizen. Society need not add to their burden through unnecessary separations, or to its own burden through the high cost of institutionalization and family disruption.

Chairman. MILLER. Thank you.

[Prepared statement of Kristine Nelson follows:]

PREPARED STATEMENT OF KRISTINE NELSON, DSW, SENIOR RESEARCHER, NATIONAL RESOURCE CENTER ON FAMILY BASED SERVICES, AND ASSOCIATE PROFESSOR, SCHOOL OF SOCIAL WORK, THE UNIVERSITY OF IOWA, IOWA CITY, IA

Distinguished Committee Members and Guests:

I am pleased to be here to testify on behalf on the National Resource Center on Family Based Services. Although family preservation has been a national policy since the 1909 White House Conference on Children, it has taken until the 1980 Adoption Assistance and Child Welfare Act (P.L. 96-272) to make it a reality by mandating services to prevent placement, to reunify families when placement has occurred, and to assure permanent family relationships for children who cannot be reunited with their parents. From a beginning in small agencies with local or state support, family based services have grown tremendously in the past decade. This growth is indicated by the increase in listings in the National Resource Center on Family Based Services' Annotated Directory of Selected Family-Based Programs from 20 in 1982 to 238 in 1986. With growth has come diversity and a need to assess the different directions which family based services have taken. These hearings are a welcome opportunity to reflect on and consolidate the gains in family preservation represented by family based services and accelerated by the mandates of P.L. 96-272.

Despite the diversity in the field of family based services, The National Resource Center has observed basic similarities which unite these programs. These common features include goals, philosophy, and techniques. The goals of all family based service programs are, primarily, to maintain children in their own homes and to reunify

families whenever possible; secondarily, they also include facilitating permanent plans in the least restrictive setting possible for children who cannot remain in their own homes. Agencies report success rates of 80 to 90 percent in preventing placements in families participating in their family based programs. They have also reported significant successes in returning children from placement.*

The National Resource Center on Family Based Services has noted that successful programs share a common philosophical orientation and a number of key features and characteristics. The first key concept is that child welfare problems develop in the context of family and community. Almost all family-centered programs develop an ecological family and community systems orientation which grows naturally from the experience of working with families in their homes. General systems theory provides the theoretical basis for focusing on family and community interactions rather than on individual family members' behavior: the members of a family make up a complex whole, which cannot be adequately understood or changed by looking at any member individually.

The philosophy behind these goals is also reflected in the National Resource Center's recent survey of 115 family based service workers in six states, who ranked the following as of great importance in an effective family based service program:

1. EMPOWERMENT OF FAMILIES TO ASSUME GREATER RESPONSIBILITY AND SELF-DETERMINATION OVER THEIR OWN LIVES.

2. THE PHILOSOPHY THAT MOST CHILDREN ARE BETTER OFF IN THEIR OWN HOMES.

*Showell, William H., 1983-85 Biennial Report of CSD's Intensive Family Service, Salem, Oregon: Oregon Department of Human Resources, Children's Services Division, 1985. Virginia Department of Social Services. Report on the Preplacement Preventive Services Grant Evaluation. Richmond, Virginia: Virginia Department of Social Services, 1985.

3. GOAL-ORIENTED SERVICES WITH GOALS DETERMINED AND PRIORITIZED BY THE FAMILIES THEMSELVES.

The philosophy and approach of family-centered social work also requires that workers look beyond the family itself and assume the role of advocate for and supporter of the family in its interactions with all the systems it must negotiate: schools, courts, hospitals, other government and community agencies, as well as the social service system itself. The agency's services support the family in reasserting its role in the development and socialization of its members.

Finally, family-based services share common interventive techniques, both traditional and innovative. Perhaps the most recent to be developed and integrated into the repertoire of child welfare agencies is family therapy in its various modalities. Family-based programs offer interventions directed at the whole family, rather than individual family members, whether they are based in behavioral or other treatment theories. Helping a family often requires dealing with their practical and material problems as an integral part of the treatment process. Legal difficulties, unemployment, and housing problems offer important opportunities to assess and intervene in a family's basic communication, relationship and coping patterns. This is not the same as doing for families, however, and the social worker's responsibility is to help families by coaching, role play, and going with them to resources, but not by doing it for them. Good family based programs also offer a range of other services including traditional casework, supportive services such as parent education and homemakers, and concrete services such as emergency and continuing financial aid, access to medical care, and resources to meet housing needs. Indeed, offering a wider range of services may distinguish very successful programs from more mediocre ones.

A requirement for successful implementation of the variety of necessary techniques is flexibility in service designs. Significant systemic barriers in child

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welfare agencies often prohibit the degree of flexibility required to implement the most effective practice methods. For example, public agencies are often rigidly compartmentalized into specialized units which emphasize investigation, treatment, or substitute care. As families move through various stages of service, or receive services for different family members, they often lose all continuity while the agency repeatedly loses the insights, skills and knowledge each service worker has gained of the family. Furthermore, caseloads in public agencies are frequently too large to permit workers to work intensively with some families without seriously neglecting others.

These barriers are not insurmountable, however, and agencies have succeeded in reorganizing their services, many with the help of the National Resource Center, to provide integrated and effective family based services. Seemly intractable problems such as caseload size often yield when they are seen in a new perspective. For example, the state of Oregon reduced caseloads for family treatment workers from forty to eleven by doing brief, intensive treatment averaging ninety days in length. With caseloads of eleven, 44 families could be seen in a year by one worker, which is essentially equivalent to having the same 44 families in a caseload for a year, a rather short time period for traditional child welfare services. Families receiving brief services have shown, no higher placement rates,* and, in Oregon, only 10 percent needed further services later on, for less severe problems than they presented upon initial contact. Smaller caseloads also reduce paperwork and increase time available for direct service provision. In the National Resource Center's study, social workers in family based programs reported spending 55 percent of their time in direct contact with families and only 10 percent of their time doing paperwork. This enabled them to spend, on average, two hours each week in face-to-face meetings with the families, in

*Services to Promote Family Stability: Final Report of the New Jersey Performance Contracting Study, OHDS Grant #90-PD-86560, 1987.

contrast with more traditional programs, where workers spend as little as 25 percent of their time in direct contact with their clients.

The success of family based services, the National Resource Center has found, also depends in great part on the commitment and coordination of public policy makers and community leaders, such as state legislators, attorneys and guardians ad litem, juvenile and family court judges, foster care review boards, child advocacy organizations, and medical associations, hospitals and specialty teams treating child, sexual and spouse abuse. Strong legislative and administrative support is also crucial. Current child welfare laws and policies in many jurisdictions were promulgated for the protection of children, not families. Careful analysis of existing statutes, regulations and administrative policies during the planning stages of program development can uncover and address barriers which may impede family-focused service delivery.

The lower caseload-to-worker ratio which is essential to family-based services may require an initial commitment of agency financial and staff resources. However, savings in foster and institutional care over the first 12 months of service will often offset this initial investment.* Allowable intertitle transfers of funds from Titles IV-E and XX of the Social Security Act can also be used for this purpose. Other financial incentives may include seed money grants to localities to develop programs, a cap on foster care expenditures, and waivers on eligibility restrictions. However, such incentives must be accompanied by a commitment to revert savings to prevention programs and to training funds and travel money so that workers and supervisors can participate in training workshops. Lest this all seem too easy, it must be remembered that public agencies are not in control of their intakes and that increased referrals,

*Showell, William H., 1983-85 Biennial Report of CSD's Intensive Family Service, Salem, Oregon: Oregon Department of Human Resources, Children's Services Division, 1985. Virginia Department of Social Services. Report on the Preplacement Preventive Services Grant Evaluation. Richmond, Virginia: Virginia Department of Social Services, 1985.

particularly in a time of reduced resources, lead to higher placement rates which, because of the interdependent nature of their funding, reduce the money available for preventive family based programs.

There is no single model of family based services. Indeed, almost all aspects of family based programming and treatment are still being actively debated and developed. The idea exists under many different names - family-based, family-centered, family preservation - and with a multiplicity of services offered. In some programs services are provided by professional social workers only; others use professionals working in teams, or teams consisting of both professional and paraprofessional workers. Some public agencies provide family-based services directly, while others purchase services from private providers for designated families. Some family-based programs limit the length of time services are provided to a family to several weeks or several months, while other agencies set no time limits. And there are still questions about which families have the best chance of being helped by family-based services - families in crisis? multiple-need families? low-risk families? all families?

Many of the family-based programs described in the National Resource Center's directory and included in the two recent research projects it has conducted*, are either units of larger, established multi-service agencies that have only recently adopted a family-focused approach or smaller programs that have sprung up to meet a community need for preventive services. Most are eclectic in their approach to services; that is their developers looked at several models, chose the features most appropriate to their community's needs and agency's resources and designed their program accordingly. One priority for family based services is to learn from these

*Performance Contracting: A Preventive Services Model to Manage Pre-Placement Prevention Services, OHDS Grant #90-PD-86560.
An Analysis of Factors Contributing to Failure in Family Based Child Welfare Services in 12 Family Based Service Agencies, OHDS Grant #90-CW-0732101.

programs and to identify components that fit the needs of particular populations and communities: urban and rural, minority and majority, with young children or adolescents. The National Resource Center is currently completing research on eleven programs in six states which should help to specify and refine the various models of family based services and target resources more efficiently. This research and the experiences of these programs will provide an important resource to other state, county and private agencies which are seeking their own solutions to the challenge of preserving families through a family-oriented approach to social services.

- The federal government needs to continue to fund research and information dissemination projects to ensure sensitive and equitable implementation of P.L. 96-272.

A second priority for family based services is to monitor and understand their actual delivery. Recent studies in New Jersey and other states have indicated that, despite the fact that seven years have elapsed since the passage of P.L. 96-272, preventive services are being offered unevenly at best.** While study states offered some form of counseling to a majority of families, ancillary services such as daycare, parent education, homemaker service, support groups, and emergency financial and housing aid were available to only 10 to 20 percent, or even fewer, of the families in service. Further, services may often be triggered by a placement rather than offered in advance to prevent it.

**Services to Promote Family Stability: Final Report of the New Jersey Performance Contracting Study, OHDS Grant #90-PD-86560, 1987.
Preventive Services to Families in Four States: Subcontractor's Federal Report for the New Jersey Performance Contracting Study, OHDS Grant #90-PD-86560, 1987.
Preliminary Five State Study of Prevention Programs. Portland, OR: Regional Research Institute for Human Services. Portland State University, June 1984.

- The federal government needs to take a more active role in monitoring the implementation of P.L. 96-272 to ensure that states are fulfilling its mandates.

A third priority for family-based services is to ensure a continued supply of skilled workers to provide these intensive services. The National Resource Center's research has revealed a higher than expected turnover of workers in these programs, with an average tenure of about two years before they advance professionally and financially to another position. It has also shown that the more highly educated workers tend to receive more in-service training, while less educated workers suffer from a continuing lack of training. Workers reported that the use of outside consultants was one of the most positive events in their programs and the reduction of training funds was one of the most negative.

- The federal government needs to continue to make funds available for both professional education and in-service training. Schemes for institutionalizing training resources locally and for periodically updating skills are especially needed.

Finally, although primarily associated with child welfare services, family based services need to broaden their scope. Families threatened with separation due to developmental disabilities, medical problems, aging, mental illness, or incarceration could all benefit from a family based approach to muster their resources and community resources and provide an alternative to institutional placement or to facilitate the reentry of family members already separated. Separation from their families is as devastating to elders as to children, to the differently abled as to the able bodied, to the sick as to the well, to the offender as to the law-abiding citizen. Society need not add to their burden through unnecessary separations nor to its own burden through the high costs of institutionalization and family disruption.

Chairman MILLER. Thank you. Mr. Farrow.

STATEMENT OF FRANK FARROW, DIRECTOR OF CHILDREN'S POLICY, CENTER FOR THE STUDY OF SOCIAL POLICY, WASHINGTON, DC

Mr. FARROW. Mr. Chairman, Members of the Committee, today I'd like to discuss some of the issues involved in implementing family preservation programs on a broad scale, and a systematic fashion in child welfare systems. I think as today's testimony will make clear, these programs have had impressive accomplishments over the past several years. But despite the successes of a number of pilot programs, and a few state programs such as you've heard today in Maryland's program, the development of the services in most states have been very uneven. Most states, as Kristine mentioned, the pattern has to been to contract out for pilot projects.

The danger here I think is that these new services, very effective services, get layered on top of the existing child welfare service system, but do not do what I think they should, which is change more basically the way families should be served.

To date, only a few states have attempted to implement some sort of intensive in-home service on a large enough scale to serve a major portion of children and families at imminent risk of foster care placement, and even in some of those states the experience has been one of difficulty in maintaining the service once it's developed. Special intensity that is due to low caseloads, for example, begins to erode because of pressures on this type of service, and as a result the special characteristics of the service are lost.

In view of that type of experience and yet the very strong potential that these services have for changing child welfare services, I think the policy mandate has to be to find the process through which states can durably institutionalize these services on a broader scale. The potential payoff, both in terms of reduced rates of foster care placement and in stronger supports for children and families as you've heard this morning, should make this one of the key goals of state and national child welfare policy.

If this goal is going to be accomplished, however, I think it's important to look at some of the lessons that can be learned from states that have tried this or states that are trying it. Our organization is working with a number of states to assist the implementation of these programs. In addition, prior to this job, I was Director of Social Services in Maryland during the time that the Maryland model you've heard was put up, and I know that as in that program, these programs can reduce the rate of foster care entry in the states.

The written statement I have provided lists a number of both barriers and opportunities for states. I'm going to touch on four very briefly in my statement. The four factors that states identify as critical of these services are going to hold on a state-wide basis.

The first is that it is important that states support the philosophy and values behind family preservation services, not just one more service program. These services represent a new orientation in child welfare. They take a systems view of families, they take an approach to familes that builds on family strengths, but assumes

that families are going to be able to be capable of caring for a child. This is different from the deficit model that has been used traditionally, which really looks at cataloging and correcting family problems, which reorients to take a more affirmative view of looking at families, and I think if, state experience indicates that if these programs are to spread in a state, the whole system must being to understand and share in these values. If this does not happen family preservation services tend to be viewed as an isolated service, separate from the rest of the system and they have much less impact than they otherwise can have.

The second factor, which seems critical in the success of these programs, is that states implementing them define clearly up front who the target population is going to be, and that issue here is whether the service is going to be targeted and continue to be targeted at the highest risk families, or whether it will serve a more general family service function not being so well targeted. I will point out that neither of those choices is better than the other, but they are different. What some states who have gone into this thinking that they will prevent foster care placement have found, that without watching closely who they are serving they have found themselves serving a much broader range of families, but having much less of an impact of foster care placement. Two things are crucial if states are going to avoid that. One is to take, at the beginning of developing the service, a very hard look at who is coming into care. It differs greatly state by state and jurisdiction by jurisdiction. In urban areas its more and more a cause of homelessness and substance abuse. In rural areas it may be other reasons, chronic neglect for example.

States should understand who is coming into care and the match between those families and family preservation services. And then once that is done they need to be very clear about the intent of this service. If they are not they will experience what other states, as I mentioned, have found. Because the service is very visible, it will receive referrals from a number of agencies for all sorts of purposes and it is important to maintain a definition of who really is to be served and then a process that endures those families are served.

I want to point out that it's important to note that the choice I set up between a very targeted service and one that is more broadly available to families, the answer to that is not to foreclose service to other families, and that gets to the third critical point which is that these services should be developed in the context of a complete continuum of care for families. States when they develop these services should look at the full range of needs for families and may well have to develop other less intense services for families at the same time to prevent intensive family services from being asked to serve everyone.

One final point states have found that is key to protect this service against the pressures that inevitably try to dilute the intensity of it. One of the major such pressures is the short staffing of all child welfare services, with the escalating rate of child abuse and neglect reports, states have often found themselves in a dilemma of having to decide whether to keep these very low caseloads in these services or use staff to respond to child abuse and neglect. I think

the only way to head this off is to take a look at full staffing needs before the service is developed and decide how that disparity is going to be handled.

I emphasized some of the difficulties in keeping the service going, I think those can be overcome and certainly the potential for not only cost savings, prevention of foster care, but most importantly support of the families makes it important that states proceed with it.

Thank you.

[Prepared statement of Frank Farrow follows:]

PREPARED STATEMENT OF FRANK FARROW, DIRECTOR OF CHILDREN'S POLICY, CENTER FOR THE STUDY OF SOCIAL POLICY, WASHINGTON, DC

BUILDING FAMILY PRESERVATION SERVICES

AS A CORE COMPONENT OF STATE CHILD WELFARE SYSTEMS

My name is Frank Farrow and I am Director of Children's Policy at the Center for the Study of Social Policy in Washington, D.C. Until January of this year, I was the Director of the Social Services Administration in the Maryland Department of Human Resources. In that capacity, I helped develop Maryland's Intensive Family Services program, a family preservation program that has been successful in reducing foster care placements in that state.

Today I would like to discuss some of the issues involved in implementing family preservation programs on a broader, more systematic basis as part of state child welfare systems. With support from the Edna McConnell Clark Foundation and The Annie E. Casey Foundation, our organization is assisting states interested in making major improvements in their child welfare programs. We are working with states committed to re-organizing and re-financing children's services in a way that prevents family disruption whenever possible, maintains more children in their homes and communities, and attempts to assure that out-of-home care meets the child's special needs and moves more rapidly toward a permanent placement.

A primary focus of our work is to promote intensive in-home services, or "family preservation" services as they are often termed. As today's testimony makes clear, these services have

had impressive accomplishments during the past several years. Reports from pilot projects in a variety of states indicate that intensive in-home services are successful in preventing foster care placement and maintaining children in their own homes. While research on these programs is not yet comprehensive, there is sufficient experience and evidence to suggest that if these programs were applied on a more systematic basis within state child welfare systems, they could reduce rates of entry into foster care and assure more effective support to families caring for children at home.

Despite these primary demonstrations, however, the development of these services in states has been uneven. In most states where they have been initiated, the pattern of service has been to contract for small family preservation pilots. The danger here is that these family preservation services will be "layered on" to an existing child welfare service system without really altering the ways in which children and families are served.

Only a few states have attempted to implement some form of intensive, in-home services on a large enough scale to serve a major portion of children and families at imminent risk of foster care placement. But even some of these states have had difficulty sustaining the intensity of the service. Over time, some of the critical characteristics of the programs -- low caseloads and focus on highest risk families -- have been lost.

Despite the lack of clear models for implementing family preservation services statewide, an increasing number of states

are considering initiating these programs. In view of what has happened to date, the unmistakable policy challenge is to find a process through which states can durably institutionalize these services on a broad scale. The potential pay-off, both in terms of reduced rates of foster care placement and in stronger supports for children and families in crisis, should make this one of the key goals for state and national child welfare policy in the years ahead.

This goal can be accomplished, if it is pursued with an understanding of the lessons states have learned about the programs. Based on our discussions with states, I would like to highlight several of the most important issues that states identify as critical if family preservation programs are to be implemented successfully. These issues concern (1) achieving support for the philosophy of family preservation services; (2) establishing clearly the target population for these services; (3) clarifying the relationship of these services to a full continuum of child welfare services; (4) developing procedures to preserve the quality of services; (5) organizing appropriate methods of financing family preservation services; and (6) designing effective evaluations.

Allow me to elaborate briefly on each.

1. States implementing family preservation services must understand and support the philosophy and values of home-based services, as well as the specific program.

Family preservation represents a new orientation in child welfare services. Not only is the service methodology (intensive, home-based services) likely to be a departure from most states' traditional services, but the approach and attitude to families which underlies it is different as well. Family preservation programs view families as sources of strength (not deficiencies) and seek to build on that strength. The service affirms the competence of family members whenever possible, and starts from a framework that assumes the family will be able to care for the child. This approach is in contrast to the more usual "deficit model" which seeks primarily to catalogue and correct family problems.

If family preservation services are to become a core part of a state's child welfare delivery, all parts of the system should understand and, to the extent possible, share these values. Otherwise, strong differences can occur between family preservation programs and other services or family preservation services will be viewed as pursuing different aims. If this occurs, the effectiveness of the service will be reduced.

Support for the philosophy and values of these services requires knowledge and acceptance of the program by agency staff at all administrative levels and by staff beyond just those involved directly in the program. Thus, states implementing these programs effectively find it important to extend family preservation training to staff providing protective services,

foster care, and the full range of child welfare services, and to make this training on-going.

2. States implementing family preservation services should establish clear policies about the goals of the service and the target population to be served.

States implementing family preservation services usually are interested in the service because of its potential for reducing the rate of entry into foster care. However, unless the state defines clearly the types of families for which intensive services deemed appropriate, and establishes a process that identifies these families and ensures that they receive the service, the actual impact may be far different from that which was intended. Lack of clarity about which families are most at-risk of foster care, and lack of precision in targeting these families for service are probably the most serious problems states face when implementing these programs on a broad scale.

States can take several steps to help assure that family preservation services actually serve families most at-risk of foster care. First, before establishing this program, the state should examine the reasons that children are coming into care. These can vary greatly from state to state and even from jurisdiction to jurisdiction within a state. In large urban areas, foster care entry is likely to be linked closely to problems of drug abuse and homelessness. In rural areas, these factors will be less important, but others, such as chronic neglect, may be paramount. Family preservation services may not

be equally successful for all of these families, and the state should know in advance the number of families that are likely to be appropriate for the service. In addition, the nature of the problems which families present may determine which specific model of family preservation a state chooses, as well as the degree of ancillary resources (substance abuse treatment, for example) which must be available to assist the program.

Once the patterns and reasons for foster care entry are understood, a state must be clear about whether this new service is to be focused narrowly on preventing foster care placement, or be available more broadly to at-risk families as a general family service. Neither of these policy directions is "better" than the other, but they are quite different as several states have discovered. States that have implemented family preservation services have found that unless the program's focus is carefully maintained as one targeted to families with an imminent risk of foster care placement, the program may begin to serve families which, though they have serious problems, are not in danger of having the child removed from the home. When this occurs, the state has a dilemma. While the family receiving service may benefit from it, the service is not addressing one of its primary goals for other families: the prevention of foster care placement. To avoid this "widening of the net" whereby services are used for families other than those primarily targeted, states must establish clear criteria for referral to

family preservation services and a process that assures these criteria are used in selecting families for the service.

It is important to note that the resolution of this dilemma is not to foreclose services for families where foster care placement is not an issue. Instead, the answer is to view family preservation services as part of a broader array of services, as discussed below, and to develop other resources for the families, not targeted by family preservation services.

3. To get maximum benefit from family preservation services, states must define them in the context of a broader continuum of children's and family services.

Family preservation services operate best when they are part of a broader spectrum of child welfare services, and are linked to the specialized health, mental health, education, and social services that may be needed by families being served. States implementing these services thus need to give attention to how they fit within their overall continuum and to the specific, operational linkages that must be developed between these services and other pre-existing services.

Several linkages are particularly important. First, family preservation services must be closely related to a state's protective services investigations. Child Protective Services (CPS) is likely to be the primary referral source for family preservation services, and unless family preservation services' purpose and referral requirements are clear to CPS staff, family

preservation services are likely to receive many inappropriate referrals.

Second, when developing family preservation services, a state should assess what other family service resources are available and, if necessary, expand these resources as well. A typical pattern in states implementing family preservation services is that, because these services are newly visible and because there is a severe shortage of other resources for troubled families, family preservation services face great pressure to take any family with serious problems. Unless this pressure is anticipated, the likelihood of family preservation services being deflected from the target group of highest risk families will increase.

Finally, family preservation services must be seen in conjunction with a wider array of services because families receiving these services must often be connected with other community services after family preservation services end. The intensive, in-home services of family preservation programs are designed to resolve the crisis, build a family's capacity to care for their child(ren), and thereby allow the child to remain at home. Nevertheless, many of the families benefitting from these services will need some on-going support. The state child welfare agency must help ensure that these other services are available.

4. States must safeguard the quality of family preservation services against the variety of pressures that may act to alter the service.

In the preceding comments, I mentioned some of the factors that can deflect a family preservation program from its initial goals. An example was the tendency of other agencies to refer families in need even though these families may not be at immediate risk of foster care.

There are other pressures that can reduce the quality of family preservation services. One of the most pervasive, given child welfare agencies' shortage of staff, is the pressure to use family preservation services staff to help meet the demands of rising protective services or other service caseloads. To a hard-pressed administrator, maintaining the low caseloads of family preservation services (typically 1 worker for 2-6 families) may not be defensible when other child welfare staff are coping with workloads in excess of 35-45 cases. On the other hand, if the low caseloads of family preservation services are abandoned, the service is increasingly unlikely to be able to succeed with the highest risk families and to prevent placement. The service may then appear to have been unsuccessful, when in reality it was not fairly tested. To reduce this problem, agencies need to review staffing levels, and then determine in advance the manner in which caseload discrepancies will be handled.

A similar pressure may emerge from within the family preservation services program, when family preservation services workers want to continue to serve families beyond the established time limit. Most programs allow continuation of service beyond the maximum if this is absolutely essential for the safety of the child or significant additional improvement in the family's caretaking abilities. However, experience to date indicates that for the great majority of the families served by these programs, the desired change in the family's behavior is achieved within the 1-3 months initially established as the length of service. Thus, if a state allows the model to be extended beyond this time routinely, the program will be able to serve fewer families and be less effective in assisting all those who need the service.

Given the realities of current-day child welfare systems, these pressures are inevitable. However, if state administrators anticipate them, they will be better prepared to handle them in a way that does not jeopardize either family preservation or other child welfare programs. In addition, to preserve the quality of new programs, administrators should ensure that sufficient management supports exist for the program. Initial and on-going training of family preservation staff is identified by states as particularly important for this purpose.

5. <u>States implementing family preservation services need to establish a secure financial base for the service</u>.

In planning statewide implementation of family preservation services, states should review a range of financing options in

order to make the most efficient use of federal, state, and private sector funds.

As part of this review, it is particularly important that states perform a careful analysis of the degree to which savings in foster care expenditures can be generated as the result of family preservation programs. This usually is a much more difficult analysis than it first appears. At a minimum, it requires a detailed assessment of the state's trends over several years in the number and type of placement, duration of placement, and placement cost. Because foster care placement rates are increasing for various reasons in many states, family preservation services may not result in an absolute reduction in the cost of foster care, no matter how successful or well-targeted the program. In these states, the outcome may be "cost avoidance," that is, a lessening of the rate of growth in foster care expenditures. Cost avoidance represents a bona fide savings to the state and should be considered in any cost benefit assessment of the family preservation. However, such savings will not be visible and measurable without the kind of careful projections described above.

In short, the likely cost trade-offs involved in implementing family preservation services programs will depend on the specific situation of each state. Child welfare administrators should be cautious about projecting the cost savings and cost avoidance that will be produced by family preservation

services until they are able to offer the kind of detailed analysis recommended above.

6. States implementing family preservation programs should evaluate their effectiveness against outcome measures that go beyond just the immediate prevention of foster care placement.

Given the relative newness of family preservation programs, it is important that states continue to evaluate these efforts in order to determine what their on-going impact is on the child welfare system and how effective these programs are for families and children. These evaluations have to address the critical question of whether the program has prevented a foster care placement. In the longer term, however, evaluation must do more. It also must confront the question of the services' long-lasting impact on the family's ability to care for the child. The full measure of these programs will not be known unless states evaluate programs against this more fundamental standard.

For states, evaluation can also provide important management information about whether the program is functioning as intended. Many of the potential problems cited above -- for example, the erosion of caseload standards, the unwarranted extension of the length of service, lack of clear targeting in the client population served, cost inefficiencies -- would be identified in an on-going evaluation and would allow administrators to correct the problem before it affects the service.

In sum, family preservation services hold great promise for helping state child welfare systems meet their goals of assisting families to care for their children in their own homes and communities. We already know that this type of service can be a powerful positive force in the lives of families, and can also assist a state to use scarce resources for children and families in a more cost-effective manner. I have tried to emphasize that these programs, to be fully effective, must be developed in conjunction with broader analysis and development of states' overall children and family service systems. With foresight, careful planning, and a full understanding of the philosophy and the operating methodology of family preservation programs, states can use them to build a child welfare system that truly delivers on its promise to strengthen families and assure a nurturing, permanent home for children.

Chairman MILLER. Thank you very much, and my thanks to the entire panel for your testimony.

To some extent it seems to me that what each of you are describing is in fact the system that probably most of us feel that we voted for one time or another in our public lives, and that is the system that is in fact designed to help people who find themselves in crisis for a whole range of reasons. But also it's very clear that system has broken down, and I guess one of my concerns is that the notion that we have created here is an overlay on an otherwise unworkable system. What we have done in the case of the three parents here is that we've sort of, at random, plucked them out and allowed them to have the kind of comprehensive concentrated attention that really most families in those situations need. But because of resource issues, that's not going to be allowed to happen.

So we've got a lot of people over here on hold, and we've got a few people that we're taking care of. What we're finding is apparently that we can have substantial success by virtue of the testimony we just heard this morning from the three parents. And with Mr. Farrow, we're just looking at the economics. It starts to appear that this kind of comprehensive, intensive service pays off for the State in terms of averted placements, and in terms of all of the other resources that are required once a family splits up.

My concern would be that when we start to see a successful model at the Federal level, and we decide we want to replicate that model, that model then becomes generalized and starts to become very bland. And then we're right back to where we started again.

The Chapter I Compensatory Education Program was designed for economically, educationally deprived children, and it got more and more economically liberal. It grew out into the suburbs and finally was serving everyone and not doing much of a job for anyone. Now we're trying to bring back the concentration, and at the same time, though, I don't think we can afford to allow underneath this a system that continues to generate the intensity of the problems that could otherwise be avoided.

I guess what I'm asking is: as you've raised this issue, how do you move to a statewide model? The suggestion has been made that there should be Federal funding; that this is clearly within the mandate—and I believe it is within the mandate of 96-272, the Foster Care Reform Act—that this is what we meant when we talked about preplacement services. How do we move to a greater number of people being involved in this program and not lose the intensity of the program? Because I'm sure from what we're starting to see in Maryland, and what we're starting to see in other states, that it becomes very attractive for public policy people to say we want this in our state, or we want this as a national model. For not only is it apparently saving individuals and families, but it's also saving an awful lot of dollars that would otherwise go for a level of services that wouldn't cure any of these problems. How's that for a question?

Take a stab at it. I mean it's a very real concern to me. We're having ongoing discussions about this whole notion of preplacement services and reunification services, if you've crossed over to that side of the court determination. How do we ensure that those services are going to have a different outcome than currently?

Ms. NELSON. I'll take a crack at it.

I think Mr. Farrow hit upon one of the things that the states need to do, it's to reorganize their whole orientation to families and child welfare services, that it is expensive and tenuous to add these intensive programs onto an already lumbering, an overburdened system. I think, however, if the system is reorganized there is a continuity of attention to the family, it isn't compartmentalized, and services are delivered at the time that the family needs it. One of the things we've found in research is that the longer the family has been in the system, the more difficult it is to resolve their problem, so that when a family first comes in the front door with a crisis, if you can help them with that crisis, you may avert later more intensive and more costly services.

The National Resource Center has also a model to prioritize the needs of families. Not all families coming into the public system need these very intensive services. The key is a very good intake and assessment process which identifies which families really only need maybe some emergency funds to get over a crisis and don't need intensive family therapy, and which families benefit more from the full model. I think there is also an example in my testimony of how by reorganizing and providing briefer services, you can serve the same number of families with caseloads of 10 or 11 as you would with caseloads of 44 over a year's time. So I think it's not impossible to take a whole different look at providing services, to reorganize and to prioritize so that we're not avoiding the needs of families, but we're not squandering resources on families who don't need their intensive services and who don't need placement.

Chairman MILLER. You know when we wrote 96-272, Judge Tracey, it was our hope—not our belief, but certainly our hope—that before there was a judicial determination to remove a child, take a child out of a family, that in fact this kind of work would have to be done. And then at that point somebody in your position may have to make the tough determination that the child's going to have to be placed in out-of-home placememt of some kind. The fact of the matter is that's not happening in the majority of cases. Now we see a few jurisdictions where judges have simply refused to make those kind of placements absent these kinds of preplacement services and determinations; and they have obviously caused great consternation in those jurisdictions.

One of the questions we're struggling with here is whether or not we ought to continue to transfer, not to continue to transfer, but to allow the transfer of money from Title IV-E, which is maintenance money, to Title IV-B, which is services money? But what we want to know is, if we're going to put those Federal dollars in the system, are we in fact going to provide and purchase the kinds of services that these three parents have testified to; that have obviously allowed them to redirect some of their lives, to hold onto their children, and to get a foothold on some kind of start? How do we know that?

It appears to me that the judicial system is very crucial to whether or not a state will take those steps to reorganize.

Judge TRACEY. Well, as I pointed out in my written remarks, Governor Schaefer has really brought to the fore the visibility of helping youth and families. So, hopefully, Maryland has started to

improve the entire system. As far as judiciary is concerned, a copy of National Council of Juvenile Court Judges' "Overview on reasonable efforts" of the role of judiciary thrust in this has been provided to a member of your staff. That was accomplished at the Mid-Winter Meeting of the National Council.

Judges sitting on juvenile courts want to see services to those families to prevent the families from coming into a system but also judges must have an awareness of what is happening in the local Department of Social Services on a statewide level, and hopefully on a national level, so they can make sure that the monies are being spent where there's IV-A or IV-B moneys to meet the needs of the family.

It takes a lot of time to educate judges, especially where there is a large rotation. That which is available in the State of Maryland may not be available in Iowa or in Florida or in California because each state has set up its judiciary and its courts for children in a different separate way. Their aims are all the same, but their procedures are different. I've advocated for many years active roles of judges of the Juvenile Domestic Relations court with the legislature so that committees or organizations within the State can understand what is happening on a day-to-day basis to dependent neglected and abused children and their families. I firmly join with Frank Farrow's statement.

I do not want to, in any way, dilute the program of intensive family care. I don't wish to take those workers and mandate that they participate in areas where they were not set up. I want that service in addition to the children over whom I have responsibility. That's the only way I know how to do it.

Ms. JACKSON. Yes. I've decided to make a statement. I think that the overall helping professions or human service professions, first of all need to really begin to adopt a philosophy that values family life for all families whether you're poor, minority, disabled, whatever the family situation is, and I think that's key to the development of preventive services.

I also think that it is the responsibility of the helping professions to begin to develop confidence in our professionalism, in our ability to help families change. I think through desire and programs like Intensive Family Services, or family services models that work, things that we prove effectiveness will help society and help people understand that we can truly help families change.

One of the difficulties has been in preventive programming is to prove that you prevented something from happening. How do you know that these children would have been placed if you hadn't done X, Y and Z? So what we have to do is to develop confidence in our ability to help people change. I think that's done through training, new family service techniques. We can't just send people out with just the normal common sense kinds of things, or what you learned in the School of Social Work does not necessarily teach you how to deal with people who are drug addicted. There are so many things that we need to learn.

I think that the other problem is that the profession has not wanted to go to the homes of our clients. I think the young lady put it very well when she said someone came to me, someone cared enough to come into my home, I didn't have to sit in a cold waiting

room waiting for a number to be served. I think we have to be sensitive to what it is people in crisis really need, and realistically deal with that, and if we are truly committed we can visibly look at the cost effectiveness of preventing placements. We can look at the number of children placed each year, and we can look at the families we keep together, and there's truly a cost savings effected annually as we begin to look at preventive programming, but we have to really believe in it, we have to believe in our ability to prevent something from happening to people, and you have to convince other people that we can do that, and I think to the extent that states develop a program, and not only Intensive Family Services, I think Kristine said it when she said people have different levels of need, everybody doesn't need Intensive Family Services, everybody can't tolerate that level of service need, but we have to be about understanding what levels of making of proper assessments, and understanding the level that's appropriate for the family and the problems that the families are experiencing.

Chairman MILLER. Thank you. Obviously Maryland has captured a certain amount of national attention because of this effort. We just hope that it doesn't all get lost in the translation as other people try to replicate it or reexamine in terms of some of the changes we're looking at in terms of foster care and adoption.

Congressman Hastert.

Mr. HASTERT. Thank you, Mr. Chairman.

As I sit and listen and look at my own legislative experience, I find the Judge's comment very interesting. I would ask if he'd comment further now that we're all caught up with good ideas, and certainly this is something that works, it's worked well in Maryland. Maybe it will work well in other urban areas as we try to find an idea and try to handle that idea and to grant it. We tend to, many times, prevent other good ideas from coming along, and it seems too that as you try to institutionalize any type of program, let alone nationalize that type of program, that you really try to put the whole country in the same type of mold. What's your experience like with this type of program.

Judge TRACEY. I have hard enough time just trying to keep up with Maryland, much less nationally. Hopefully, I attempt not to lose sight of what we as a society owe to children by insuring a safe future by providing services to help families. I can't change families into what Jack Tracey has experienced in his life.

When I see a need I hopefully meet the need of the family, whether it's family services or aftercare services. I'm just trying to bring up our system at a higher level and more effective services for families in need.

I testified before the legislature, testified before the Judicial Conference, been under all of those committees that you legislate, and Maryland is well represented here today. I think we are making great strides. I would like to see it come to, it could start with Montgomery County and then——

Mr. HASTERT. So basically then we interpret my feeling on this thing, we do a service to those states that are creative and build on the ability to network among those states and as well as within the state itself. Probably the best thing we can do is to make sure that Federal funds, basically however they come here, come with a

great deal of flexibility if those people can work the services that will best suit them and that will best suit their own states and communities rather than try to tie them down and build a nationalized program. Do you agree with that?

Judge TRACEY. Yes I would agree with that, and I think that without the flexibility, strings or such stern guidelines are attached to the monies, many states will not provide the service. I think, however, you just can not set forth an amount of money and say its there to use as you would have. Then we lose sight of specific needs presented to you before it gets there.

Mr. HASTERT. So if you say that that money was provided with basically focused goals, we won't have to provide so much money to make sure that you adopt programs, or create programs or network through programs that are going to reduce children going into foster care, or families going into crisis and not be able to pull out again. Let's streamline and design programs so that once those children enter foster care, we find permanent placing for them.

Judge TRACEY. Yes, sir.

Mr. HASTERT. Thank you very much. Thank you, Mr. Chairman.

Mrs. JOHNSON. Thank you, Mr. Chairman.

Mr. Farrow, in your testimony, first of all you refer to a few states that have attempted to have met some form of intensive in-home services on a large enough scale to serve a major portion of the children and families. What are those states?

Mr. FARROW. California has done that. Florida has done that. Both Minnesota and Wisconsin have extensive service development around the state. Whether it is still one of the only ones to do it, whether it still is a network I'm not sure. I've not been there recently to see. Connecticut is thinking about it, beginning the process of planning and budget development around it as is Illinois.

Mrs. JOHNSON. Are you aware of that program in Missouri that reaches out to pre-school children in terms of school readiness?

Mr. FARROW. Yes.

Mrs. JOHNSON. In that outreach effort do they also identify family problems and try to bring services into those problems.

Mr. FARROW. Yes. They do, and I think that program illustrates the importance that various people have been saying about having a complete range of family services. I understand the program that you're talking about is the Parents as Teachers Program, which has a very good outreach. It is a good vehicle for early intervention for finding problems before they are to the point that might require foster care placement. And I think if there were to be Federal money available, an important part of it would be not to set up another categorical in-home intensive service program but rather to encourage incentive funding for a more complete range of family services that went from the very intensive service to prevent placement to these very intervention programs which can prevent teen pregnancy, prevent high school drop out of teen parents, identify developmental problems of children very early.

There is evidence of the effectiveness of those programs as well.

Mrs. JOHNSON. We did include in the School Improvement Bill that we passed about 10 days ago a program called Even Start, which is based on the Missouri model, and I hope that some of you kinds of folks will be involved in utilizing that money and planning

for its utilization so that we don't just look at educational problems, but the whole atmosphere in the family that supports learning but also deals with parenting and all those things that have to do with building strong families and ultimately supporting learning.

But it does concern me, I'm from Connecticut and spent a number of years in the State Senate, and we could at that time document that our multi-disciplinary teams which I was one of the leaders in establishing, I mean a group of us got behind those people who were already doing it out there and we could really document the savings that would accrue to the State through decline in foster placement, and you say in your testimony that this family preservation approach requires altering the ways in which children and families are served.

I would urge you, or maybe what we need to do is to do a study or some of the successful states, but I'm concerned that the bureaucracy itself—that its concern with family, has been so resistant to setting priorities and we have limited resources in absolutely every area, and yet we can't seem to turn the system around even when we have good information that shows if you put the money into kids and families early you can prevent a lot of these problems, and in this instance we even had data that showed that it would positively save money and free up money to be able to address more families.

But we weren't able to change the mind set of the bureaucracy, and it's interesting to me that tell me that Connecticut is now beginning in this, and this was in 1979 and I don't think that we're dealing honestly with the problem of the bureaucracy. You look at the changes that are going on in management and industry now. I mean I represent a part of the country that knows what structural adjustment is in terms of people's lives, unemployment and communities going under. So, you know I look at, I go in my plants and I see what changes management is making, what changes labor is making in order to change the whole atmosphere, and I, we were making some progress, but we aren't doing the similar kind of work to see how are we going to change the bureaucracy that has traditionally administered these monies. It seems to be a presser of its own past obligation. Is there any good work being done? Should this Committee be pressing on some of that work? Are there models out there we should be studying to see how do you turn around a bureaucracy? Should we actually defund certain initiatives that certainly sound nice and move the money into initiatives where we see we can take a more wholistic approach, where we can be more preventive? And yes, mabe it'll mean that we can't do some other things that sound nice after the horse is out of the barn.

Mr. FARROW. Let me answer two parts of that, and I'm sure other people will want to answer other parts of that.

Yes, there are some models to look at in terms of how the weight of not just the bureaucracy, but all the bulk of the providers of service, private as well as public who are heavily invested in out-of-home care of how some of that can be redirected. To me one of the keys is leadership. I think that is what's happening in Connecticut,

for example, where new leadership at the Department of Children and Youth Services is moving rather aggressively into this field.

I think we've seen to some extent the limits of the kind of bottom-up approach, the sense of hoping that the evidence that has been developing for several years somehow converts people and there is a need for very strong leadership at the state level, in secretaries of departments and from Governors as well as at the national level from this Committee and other sources to say this is the direction we should be moving.

A good example of that is a state law just passed in Nebraska as a result of three or four years of work cooperatively between the judiciary state legislature and the state executive branch. Agreement on a law that says what Nebraska services are going to be about are community based in-home services, that is the priority for families, and the State is in the process now, ordered by the Governor of planning how that will filter through all of their current services before they begin to put up new services, and that's the kind of conversion from within that I think is necessary, not just adding another service.

I think the same kind of Federal leadership would be helpful and is going to be necessary. You signal the same sort of philosophy and direction about what this is about, and that's why understanding the philosophy is the key, because that's where this flows from. Just thinking of these services or family services as one more piece of the system in my mind is not sufficient. There has to be a restatement about what we believe families should have.

Mrs. JOHNSON. If we could just get back to the education model. You know, we have from the Federal level been able to give a fair amount of push to the effective schools approach, which is looking at the environment and leadership in that environment to make change. Maybe there is some way that we could—you know—support the change that you're saying we need, which I agree absolutely, and we can't be prescriptive in doing it or it won't happen. But maybe we need to be able to find the language to create some greater pressure to move in that direction and reward leadership and change.

Mr. DURHAM. I think part of the way that effort can be addressed is to have funding tied into change. In other words the states do not receive funding unless they actually set about changing the service delivery model of their state's services.

So consequently, in order to receive Federal funds if in fact Federal funds are allocated for this, is to mandate that a state must change its approach in service delivery from what it has been doing. It has to be written up, documented and once that's put into place then funds will in effect be given.

IFS is totally different than any other service that Maryland has in effect, and when the State funded us to run this program, when we made the presentation it was as a different service delivery model. Totally different than any other service that was in effect. So it was a total different service delivery entirely and the funds were given for that purpose and the flex dollars were tied in as part of that service delivery and that was how we were able to manage to spend the money and use it as part of flex dollar servicing. It was totally different than any other services offered by the

State of Maryland, so I think if you want to address the bureaucracy question, you want to say how can we make sure the states do go about changing or doing a real new service, and not just adding onto what they already have, tie funds into direct change and then you will see some changes.

Mrs. JOHNSON. Are you suggesting that the funds should be tied into demonstration projects at first?

Mr. DURHAM. That would be one way to do it, but when you have a state to demonstrate one, that they're going to do the change because it will set up a demonstration project run for a period of time. One year at least, so that you will see one, the operation is in place, two, that some change has taken place and you have documentation to support that. We were able to get additional funding for the Maryland model because we did run a pilot project, and the pilot project was so successful that it was funded even before we finished the time period originally established.

Mrs. JOHNSON. And was a year long enough for that?

Mr. DURHAM. We had set ours in place for a year, but after six months of operation the results were positive enough that the State Legislature decided to fund it based on six months worth of what we had already done. The model had already been in place, we had documentation to show programmatic change, and we showed the results of families that we were working with even in a short period of six months although it was supposed to be for one year. And, as a result of that we got the 56 new positions and the additional flex dollars to expand the program to 14 jurisdictions within the State, from the original eight that were part of the original pilot project.

Mrs. JOHNSON. Thank you.

Ms. NELSON. Could I add something there?

It's my understanding that there are rather strong mandates and sanctions of 96–272 itself which have not been enforced, and that perhaps if there were some more enforcement efforts of 96–272 there would be more response by the states. I know the National Resource Center has felt, in terms of the increase in requests from states, that 96–272 has had an impact, but unless there's some teeth behind the sanctions then that impact gradually wears off. They feel it's not going to be enforced.

In terms of the problems of bureaucracy, I quite agree, and also with Mr. Farrow in terms of the need, there is a very critical need for leadership in this area. One of the problems is that the states are organized differently. Some public social services systems are statewide systems, some are county run, and the issue of leadership is a little bit different if you have to implement it in each county rather than if you can mandate it at state level. However, a state like Minnesota has encouraged local jurisdictions through pilot funding and voluntary programs to adopt family based services and it spread quite well there. Other states have taken more initiative at the state level, including Oregon and Iowa which have state systems of services.

The problem the National Resource Center has found, once you have the state leadership, is in the middle level bureaucracy; that they are perhaps the hardest to turn around, and for them you really need the support from the top, plus you need pretty inten-

sive technical assistance and training for them. So they understand what's going on; that this is not just another disruption of their work that will pass; to help them to understand how this is going to aid them in their work and help families; and really bring them on board. Often middle level bureaucrats are ignored in these change processes and they are often critical to them.

Chairman MILLER. It seems to me, when you review the system, that clearly Public Law 96-272, in 1980 which was a Foster Care and Adoption Reform Act that we passed here, in fact what you had was almost every state in the Union making a very substantial structural change in response to that law. And we had a commitment by the Federal Government that we would then fund the IV-B services for the states to implement foster care reform, which is basically the programs we heard about here. But then the Federal government never followed through on the mandate.

So the states were left with a system in place that should allow Judge Tracey to make sure that every child, every family, has preplacement services before he breaks that family up. But what in fact he has are a whole stream of children and families coming before his court who have received none of those services. So I think what we have seen is, where the states made those efforts and where we saw these spurts of activity, we saw a dramatic decline, certainly in infants entering the system; and in the break up of very young children and their families; and the preservation of those families. And then the money ran out.

And now what we find out is that, six years later, we don't need demonstration programs, because we've seen it in almost every segment of the country, every regional area: urban, rural; big cities, small cities. We've seen programs that have worked dramatically wherever we've concentrated the resources both the human resources and the economic resources. We've seen this dramatic decline of out-of-home placement and the preservation of families and all the results and services.

The question that clearly comes up, and this hearing is being held in conjunction with what's going on in Ways and Means, is whether or not we provide the money so that Judge Tracey at some point can say: I'm not going move this child because the State hasn't demonstrated that it has made an effort to preserve this family. He can do that now, but it may be somewhat hollow. And, as I say, in some jurisdictions we have basically arrived at the point on behalf of families where the judges arrived on the decision on behalf of prisoners namely, I'm not putting somebody into that system, because the system is an outrage.

For Judge Tracey to put a child in a terrible institution, break up the family, put the parents on welfare, you haven't done anything. But it seems to me that in fact, and I don't think it's pride of authorship, but it seems to me that that structure exists. The question is are we going to fund preplacement services, reunification services, and the answer right now is a resounding no. And I must say, you know, I compliment the states that have stretched further and further out. But now even they are starting to retrench because the resources simply aren't there. Before we spend a lot of time designing the new model over the next five or six years, I think the question really is right in front of our nose—and the

more I look at it the more the testimony seems to suggest that each and every state has been fooling with this issue for a period of time, either very activly, as Maryland has gone ahead, or less actively, as in other states because they don't have the resources. But they now know the model that they think they want to institute and I don't think we should mandate a Federal model. Clearly, when we see the kinds of results that we're getting in all of the areas of the country, it seems to me that its worth the Federal investment, because the alternative is we just pay the maintenance money. We just pay for these kids for the next 15 or 20 years of their lives or whatever it is until they mature out of the system. That's obviously unacceptable. It's a pity.

Let me just ask the three parents, obviously from your testimony, and I just want to make sure that I'm correct, you're suggesting that, prior to these services being offered, you were not receiving the kinds of services that were beneficial to you in terms of coping with what you thought you had to do in terms of holding you and your family together? Is that an accurate portrayal of what you're telling the Committee?

Martha. Yes.

Chairman MILLER. Let me ask you this. How does this compare, that you've had a chance, when you look at your friends or other people that are in a similar situation? You obviously got some services. Are they all getting the services, or are you looking at people who are having a more difficult time than you might be for the moment because you have access to these services?

LISA. I don't, at this time I don't know anybody who, a friend or anybody who's gone through the same thing, but I do know that if I told that person to get in contact with IFS, they could probably help them. Like I said, I don't have any friends or anybody who are having that problem but I think that they would get the service if they had a problem.

Chairman MILLER. What's going to happen to you after the 90-day duration of this program? What do you think happens to you then?

LISA. Well my 90 days are up, and I'm going to medical school.

Chairman MILLER. So you, you——

LISA. I, I think I can make it now. I've got everything that I need to do to get on with life. Once I've finished school I'll be able to provide for myself and my child, so thats it for that, you know, but I can also say that if they ever, if anything ever came up again I could call them and I will stay in touch with my counselors just on a friendly basis to let them know what's going on.

Chairman MILLER. So you're telling us that you think this short intensive support system that was available for you, will have long-term payoff. You're now coming back on an even playing field here and on your way to getting on with the rest of your life?

LISA. Right, yes, that's right.

Chairman MILLER. Do all three of you agree with that?

That's very encouraging because obviously one of the concerns that we have is what does—I know you're trying to look at some follow up—what happens after the 90 days to all the people that are very involved in making up this caseload.

Let me ask you finally, and then I'll let you go—I know Judge Tracey has to go—what's a comparison in the caseload? What would the ordinary caseload be for a single social worker/case worker in Maryland?

Mrs. JACKSON. They vary. In protective services I think we had 1 to 50. It has been—it's going down now.

Chairman MILLER. It's going down? 1 to 4? 1 to 5?

Mrs. JACKSON. No, 1 to 20, it should be 1 to 20. We're trying to get it to 1 to 20.

Chairman MILLER. When is it going to be 1 to 20?

Mrs. JACKSON. I think after this fiscal year it should go down.

Mr. FARROW. This last budget session the new allocation of staff should get it to 1 to between 25 and 30.

Chairman MILLER. OK, now that gives you what?

Mr. FARROW. That gives you one child to one family?

Mrs. JACKSON. One family.

Chairman MILLER. Excuse me Judge Tracey.

Judge TRACEY. I'm not to take issue with Frank.

Chairman MILLER. Take issue with him, it's all right.

Judge TRACEY. When you take a look at the statistics that come and are compiled, that does not necessarily reflect what happens day in and day out. There are some social workers, they've now broken down to child's worker, parent worker, everyone has a social worker in our Court settings.

Sometimes the ratios are up to 50 to 1. Sometimes they're down to 17 to 1. That's an average of some, the very professional.

I feel the best they can do, just to periodically see their family, I say that because as I indicated before, there is so much paper work involved in being a child care worker, or social worker today that their time for hands-on services for those families and those children is severely limited. Various reports, foster care review board reports, court reports, supervisor's reports, staffings, learning new programs. When you talk about a 50 to 1 ratio, or a 10 to 1 ratio their time is limited.

Chairman MILLER. It's clearly different than in the Intensive Services Program.

Judge TRACEY. Oh, absolutely. One of the positive things, Chairman Miller, are these three ladies, and I think it demonstrates there's still ongoing fear and concern, but these three ladies, feel comfortable if they face other problems, they may contact a service worker or case worker who will be readily available.

For these three ladies, they are well on their way, the programs work for them and I hope that it would work like this for every family that we serve. That may not be the case, but if you listen to what they were saying about their particular workers, that's the type of care and concern that I would like to see not only in Maryland but throughout the country.

Chairman MILLER. Thank you. Let me thank all of the panel for your testimony and your help to the Committee in grappling with this issue, and, to the three parents, thank you for taking your time and coming down and giving us some first hand response to how this system is working. We appreciate it. Thank you.

The next panel that the Committee will hear from will be made up of Carolyn Brown, who is the Director of Commonweal

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Family Counseling services out of San Rafael, California; Mona Hurst, who is a Regional Director for the Virginia Department of Social Services for Fairfax, Virginia; Ellie Stein-Cowan, who is the Executive Director of Familystrength in Concord, New Hampshire, and John Paschal who is the Program Supervisor of the Children, Youth, and Families Program Office in Tallahassee, Florida. Welcome to the Committee and again we will take your testimony in the order in which I called you when you were up here on the witness list. Your written statement will be included in the record in its entirety. To the extent you want to summarize, we would appreciate it, and to the extent you want to comment on something that the previous panel said, that would also be helpful to us.

Carolyn, welcome to the Committee. Thank you for your time.

STATEMENT OF CAROLYN L. BROWN, PH.D., DIRECTOR, COMMONWEAL FAMILY COUNSELING SERVICE/FULL CIRCLE FAMILY CONSULTING SERVICES, SAN RAFAEL, CA

Ms. BROWN. Chairman Miller and members of the Committee, I'm very happy to be here. I direct a program called Commonweal Family Consulting Services in the San Francisco Bay area in San Rafael, and, we are a very small nonprofit organization. We've been funded by the Edna McConnell Clark Foundation and the California Office of Criminal Justice Planning, to do a pilot project in Family Preservation. We've been at this for approximately two and a half years, and our program is a little different from some of the national models that are currently operating as family preservation programs.

I'm going to give you a little history of how we've come to it because I believe that we have some additional parts to our program and to our services that I feel in the long run will be helpful to these programs as the national models sort of take hold and hopefully can infiltrate the bureaucracy that you folks have been discussing.

We began our work as a small school for learning disabled children in the Bay area, and very soon after beginning to work with these families, I found myself in the middle of juvenile justice and medical issues and mental health issues, and what I believe about families who are in danger of losing a child is that all of these problem areas need to be looked at and need to be ruled out when a team is working with a family where a child might be removed. Our model is very similar to the model that the Maryland people described, and because they described so well how these intensive services take place when working with families and family therapy and with direct services and so forth, I'm going to talk a little about the parts of our program that are a little different from their program.

We operate in the four bay area counties, the San Francisco Bay area counties. We spend approximately 3 to 5 thousand dollars on each of the families that we serve, and we work with families over a period of two to three months. We are called in by people in child protective services, probation departments, school departments, and sometimes pediatricians—who believe that a child is in danger of being removed from a family, however, that with intensive

family services, perhaps this family can be saved. Because our background includes looking at educational issues, and medical issues, the people who call on us know that we are very likely to take a family apart a piece at a time and look at all of those issues before proceeding with a management plan for keeping a child in the family.

I find that families who are in danger of having a child removed tend to be families who are not in control of the child or not in control of themselves and are not in control of their economic circumstances and we look carefully at all of those issues when we are called in.

I would like to describe a case history, one of our family case histories, actually, from Contra Costa County in the Bay area, from the point of intake to the point of our releasing the family—just very briefly—to give you an idea of how our staff does proceed with family preservation.

Not long ago, a Child Protective Services officer in Contra Costa County called me and explained that he had an 11-year-old girl who had been placed in temporary foster care because the stepfather, who had been a former California highway patrolman, had beaten this child. She had a black eye and the child had gone off to a church meeting and the church folks had called to say that this child had been abused.

When they went to the house, the mother was highly distraught, the father was very angry and he wanted the child out, gone. This was a stepfather. They had been married for a year. The mother was newly here from the Midwest. Her family history had been very difficult and the child was difficult to handle.

The Child Protective Services worker explained to me that even the temporary foster care person whom he admired a great deal found this child difficult to deal with, but they still felt that with some intensive services, perhaps this family could be kept together. So, they returned the child to the home on the day that our team was to arrive and we went in and met with the child and with the family and one of our people met alone with the child while I sat down with the family.

And the father, who was highly agitated, was clearly fed up. He was embarrassed, he had been drawn into court as a former highway patrol officer. He was afraid of that system. He knew too much about it. He knew what could happen to him. The mother, who loved this man—it was a new marriage—was very afraid that she'd lose the marriage and was very afraid for the child, and we sat down and we talked about these things.

I asked about the child and the child's history. I explained that the temporary foster mother felt that the child had not listened to her. With some careful questioning, the mother shared with me that this child had been in a special day care program for mentally retarded children in the Midwest. That, in fact, they had discovered that it wasn't a retardation issue, but the child had real hearing problems.

I asked if the father knew this and he said no, actually they hadn't talked about that, but the mother said the child did not hear at all out of one ear and had some difficulty with the other and did I think that was an issue.

Well, what had happened with the abuse was that it was their first year anniversary and the father was tired of having this new stepchild not pay attention to him, not listen to him, not follow directions. He had gone in that morning and he had said to her, "I want you to take a shower and wash your hair and get dressed for church and come to breakfast and be there within a half hour because this is a special day."

And he went out to buy roses for the mother and he made a special breakfast and he came back and the child was still standing in the bathroom holding the hair dryer, trying to remember what to do in this list of things. He just lost it. This was after several events where this child had not listened to him and he spanked her too hard and he knocked her against the door and her eye hit the door and it was a black eye and this was how this event had unfolded.

Well, what we did, in short, was to ask that both parents see the doctor with whom we work. It was clear that this man was very anxious and that the mother had a history of stress that was pretty severe and that the child clearly had some physiological problems that hadn't been addressed, at least not at this time in this home.

We discovered that there was a severe hearing loss. That not only did she not hear, but she didn't understand what she heard. It was a decoding problem as well as a hearing problem. We discovered that this highway patrol officer had severe hypertension and we discovered that the mother was pre-diabetic and very worried and had, herself, had some learning disabilities as a child.

All of these things she hadn't wanted to talk with this new husband about lest that get in the way of their relationship. So, you see, the basis for keeping this family together absolutely demanded that we look at these medical and educational issues. We then worked with the school. We had the child seen by a very good learning disability specialist. We had ongoing medical care arranged for for the parents and then family groups with whom they could meet, parenting groups and ongoing individual therapy in the case of the father.

And then we had to interface with the court system because they were very angry that this person, who had been a highway patrol officer, should lose control at this level and he, of course, with hypertension and worry and wondering if he wasn't raising this child right and wanting so badly for it to be perfect, had just lost control.

This is one of the better examples, as far as I'm concerned, of the kind of thing that can happen where it isn't an economic issue and it isn't a matter of a person who's been a child abuser as such, but it's the kind of thing that can happen to quite ordinary people and children can be removed from families to situations that aren't that much better if these medical and educational issues aren't attended to.

Now, in many of our families, as with the mothers who were on the first panel, these are not the issues that we addressed first, but we always look at these issues because I think that until we do that, we can leave some root causes undealt with and even though we do very intensive homebased work and use other agencies to work with the families and connect them to ongoing agencies, if

some of these root causes are not addressed, then the family may face being right back in this spot again at another time.

We believe that empowering a family, working closely with them until they really are up and running and then staying in touch with them by phone down the trail, is possible to do and very effective and can, at least our statistics over a two and a half year period are, that, in 75 percent of the families we've seen, the families are still together.

I would like to say that we are not part of the California program that is currently being funded by the State, because it's specifically child abuse. We do child abuse, but we also deal with these other issues. We deal with the issues of delinquent children who are out of control where families are really stranded and so forth and we believe that, again, that this intensive inhome family therapy accompanied by looking carefully at learning disabilities and medical issues, makes the best composite kind of program for dealing with families who are in danger of having a child removed.

I would like to say that with regard to Public Law 96-272, I know that many of the judges in our area would do more if they could, but until they really have access to these services and funds to pay for these services, there tends to be a little square on the box that a judge has to put an X in. And I think that what he does is to ask probation officers whether reasonable efforts have been made to do pre-placement work with these families and if the probation officer says yes, an X is placed in the box and that's how this is dealt with.

On the other hand, their hands are rather tied. You know, if there are not the funds, we can serve very few of these families in four counties, where there is more to do than one small agency can possible cover. So, I would highly encourage the use of IV-B funds in some systematic way, along with serious training of the bureaucracy to look at these families and these children in a more total way. I think it's just very dangerous to only do talk therapy with folks who have broken legs and I'm not saying that literally, but we have to look at all of the kinds of things that can go wrong for a family.

I believe that there are strong ramifications in the whole issue of homeless people here. Those of us who have taught learning disabled children—one of my close friends is Director of the Food Bank in San Francisco and she was one of our first teachers in our first school for learning disabled kids. She said, "You know, you can just stand there, and see these kids come through the line."

They are now over 18, people feel there are no other programs for them. In their early 20's they meet someone, they have a small child. It's a better identity to be seen as bad in their early years rather than not smart. That's the connection to juvenile justice. It's also a better identity to be seen as homeless rather than not smart. Many of them cannot read the ads to get the jobs, much less keep the jobs and I feel that this same intensive service delivery, that we would give to children who end up in the court system, needs to go to family preservation in the world of the homeless as well.

Thank you.

Chairman MILLER. Thank you.

[Prepared statements of Michael Lerner and Carolyn L. Brown follow:]

PREPARED STATEMENT OF MICHAEL LERNER, PH.D., PRESIDENT OF COMMONWEAL, A CENTER FOR SERVICE AND RESEARCH IN HEALTH AND HUMAN ECOLOGY, AND CAROLYN L. BROWN, PH.D., FORMER CHAIRMAN OF THE CALIFORNIA JUVENILE JUSTICE AND DELINQUENCY PREVENTION ADVISORY COMMITTEE, SAN RAFAEL, CA

FAMILY PRESERVATION: CONTEXT, RATIONALE, APPLICATIONS AND POLICY IMPLICATIONS

PREPARED STATEMENT OF MICHAEL LERNER, PH.D., AND CAROLYN L. BROWN, PH.D.

1. Executive Summary

The purpose of our testimony here today is to respond to your request that we describe the Commonweal Family Preservation Program and our view of the implications of Family Preservation Programs for state and local policy. To respond to your request, we have to place the need for Family Preservation Programs in a broader social context.

We will propose in this presentation that an increase of environmental stress on the American population is causing an increase in biopsychosocial vulnerability in children and families. We believe that this increase in biopsychosocial casualty is expressed in many troubling forms of increased casualty among American children.

We believe that Family Preservation Programs are one of the most cost-effective solutions at the clinical level for helping the increasing numbers of vulnerable and dysfunctional families to cope better. We also believe that a broader perspective on mutlidisciplinary approaches to helping these families and children yields improved clinical outcomes.

2. Family Conservation: The Human Ecology of Vulnerable Children and Families

It is striking that there are numerous powerful national organizations devoted to preservation of America's natural resources but that no similar national coalition has emerged concerned with the human ecology of American children and families. We need to be as concerned with family conservancy as with nature conservancy, and for the same reasons.

We believe that the human ecology of American children and families is threatened by many of the same forces that threaten non-human ecosystems. For some curious reason, we have become socially conscious of the threat to non-human ecosystems yet remain largely unconcerned with the cumulative effects of environmental stress loads on the American population. Since these stress loads affect the basic biological fabric on which American civilization and the American economy rests, we believe it is time to begin to address the human ecology of the American family systematically.

Over the past fifteen years of our work with vulnerable children and families, we have heard repeatedly from older pediatricians, educators, probation officers and family workers that the troubled children they see today are more disturbed and more violent than troubled children used to be.

We could have dismissed these observations as the biased memories of older people who simply thought that things had been better in their younger days. But we were struck by the possibility that this observation might actually be

true. Perhaps these senior child care workers are the best witnesses to an important decline in the biopsychosocial fabric of the American family.

One of us, Michael Lerner, formulated what he initially called the "biosocial decline hypothesis." The hypothesis is that an increase in the "total environmental stress load" on the American population is causing an increase in the entire continuum of biosocial casualty in children and families. (We use the terms "biosocial" and "biopsychosocial" interchangeably in what follows). The hypothesis is founded in the well-established literature on stress, in which Hans Selye and many others have shown that a wide variety of different kinds of stress may be transduced into psychosomatic problems by the endocrine system. Experimental animals stressed with a wide variety of different stressors develop an impressive array of stress responses, cease grooming themselves, fight with each other, ignore or attack their offspring, and develop chronic and degenerative illnesses.

Our hypothesis is that the years since World War II had produced an important increase in many forms of biopsychosocial stress. These years have witnessed the dawn of the nuclear age with both radiation exposures and pervasive psychological insecurity about the future of humanity as a permanent new status quo; the dawn of the petrochemical age and pervasive toxic chemical exposures; the dawn of the communications era and increased exposure to electromagnetic "smog;" the dawn of the modern age of processed foods and the decline of balanced nutrition in the American diet; the introduction of television in almost all American households and drastically altered patterns of exercise, family interaction, and exposure to the ideas and images of television; and many other deeply transformative biopsychosocial influences.

If we look at what has happened in the United States in the years since World War II, there are, from many perspectives, important signs that the American population is experiencing biospychosocial stress at higher levels. Of course, this process did not begin following World War II. Nonetheless there has been an apparent acceleration of biological and psychosocial dis-integration that parallels the titanic changes in the human ecology of America in the nuclear age.

For example, there has been a huge increase in the divorce rate. There has been a large increase in the number of children born to single parents. There was a prolonged decline in college entrance examination test scores, an increase in juvenile delinquency, an increase in accidents and suicides among young people, an increase in drug use among young people, an apparent increase in child abuse, an increase in reports of learning disabilities and behavior disorders, an apparent increase in birth defects and anomalies, and an increase in chronic disease irrespective of age in the population.

Now we are not saying that all of these phenomena are due entirely to an increase in non-cyclical components of what we have called the "total environmental stress load" on the population. There are many cyclical or transient social changes and environmental factors that contribute to these casualty levels among children. For example, the movement of the crowded "baby

boom" generation through adolescence and youth was responsible for many surges in some of these indices of social casualty. Upon close inspection, many of these indices do not move unilaterally in one direction. The comparability of the data from different periods is frequently subject to criticism. And, above all, the entire argument can be questioned on the grounds that these correlations do not prove any causal relationship.

But while the correlation of these various forms of family casualty do not in themselves prove the hypothesis, we think there is, in fact, a relationship among many of the indices that suggest that an increased "total environmental stress load" is causing "biopsychosocial" decline and increased casualties of all kinds in the American family. Clinically, we have seen the results of generations of increasingly stressed families for too long to ignore the reality of the problem. Ecologically, the pattern makes too much sense to dismiss the various indices of increased familial casualty as disparate and unrelated phenomena.

We do not believe that the story is simply one of "increased total environmental stress load" and "biosocial decline." A better map would recognize that, in many respects, increased awareness of the benefits of healthy living and increased care in avoiding toxic environmental exposures and stresses is causing many more fortunate children and families to be enjoying improved health. The more accurate map would speak of a "changing profile of stressful and nurturant factors" affecting the American family and causing "biopsychosocial transformation," in which biosocial decline is an important category, rather than simple biosocial decline.

It is also true that the children and families of the past suffered very severe stresses of many kinds that we have overcome today. But past stresses characteristically--for all their harshness--were part of a natural process that left the biological integrity of the survivors intact. Many of the modern stressors are funamentally different in that they undermine the biological fabric of the entire American people. No matter what care we exercise in our personal efforts at healthy living, we cannot avoid entirely what is happening to our air, water, soil, homes, workplace, communities, food supply and the rest.

This is a brief statement of a complex perspective, but it is one we believe is important to offer to this Committee. Someday, we believe that American leaders responsible for child and family health must and will study human ecology with the same care that conservationists study non-human ecological systems. Above all, we will watch our children for signs of increased casualty with the same care that we devote to studying holes in the atmosphere or acid rain or dead lakes or dying forests. We believe that American children and families, like other natural systems, are suffering the results of increased in many forms of environmental stress. And we think that any well founded policy perspective on children must start with this form of ecological analysis.

3. Tomorrow's Children, Today's Children

Ten years ago, we called the young casualties of the war that we are waging against ourselves as we struggle to bring our technologies under control "tomorrow's children." We pointed to the fact that, in the face of all that our technological system is doing to undermine the biological, psychological and social prerequisites of healthy human development and capacity for responsible social behavior, we cannot simply condemn disrupted families and vulnerable children as willfully bad and morally inferior.

In preparing this testimony, we recognize that we can no longer refer to these young casualties as tomorrow's children. They are the children of today. We would like to offer you a brief portrait of the continuum of childhood casualty that these children experience.

We see today's vulnerable children in the intensive care nurseries, where they are born premature and underweight, with birth anomalies, birth defects, and frequent failures to thrive.

We see today's vulnerable children among the abused children, born to immature and unprepared parents who themselves lacked the judgement to avoid teen-age pregnancy. These vulnerable children are difficult for even the most mature, best prepared parents to cope with. They may sleep poorly, cry constantly, be sick frequently, respond abnormally to maternal affection, and do many other things that trigger abuse in their equally vulnerable (and frequently previously abused) parents.

We see today's children in the schools, where they are frequently immature for age, experience atypical development, find it difficult to socialize effectively, have unexplained outbursts of anger, and are unable to learn to read or write or compute. We then see today's children make the crucial and personally astute choice to be considered "bad" or "delinquent" rather than face their deep fear that "something is wrong inside." So we see the child who wanted, like every other child, to do well and to succeed, decide that the best chance for success for him lies with becoming one of the "bad guys," who at least have far higher status than the "retards."

We see today's children in the juvenile halls, frequently abandonned by their parents who feel a deep sense of shame that they have failed in parenting as they have failed in so many other things. We see them arrested for delinquency particularly because their bad judgement and lack of impulse control make them far more likely to commit irrational and unplanned crimes, and far more likely to get caught, than their more intact criminal contemporaries.

We see today's children in the foster homes and institutions, where they go when their vulnerable parents have given up on them. We see them self-medicating themselves with drugs, with junk-food diets, and with anything else that promises a momentary "high," since the only reliable pleasure are the most temporary and immediate ones.

We see today's children in the prisons, the mental hospitals, and, above all, among the homeless. We see them on the streets, veterans of a system that has hurt and punished them since before they were born, seeking only to avoid recommittment to one of the institutions that they know from experience are worse than the streets.

In order for you to understand the Commonweal Family Preservation Program, and our views of Family Preservation more generally, we simply have to provide this brief overview of what we believe is happening to so many American families and children. And we hope that you will give the broader question of an ecological approach to children and families careful consideration for its policy implications.

4. Family Preservation

One of the most promising recent efforts to do less harm to these children and families--to help them by avoiding hurting them, and even to do what good is possible in a brief and structured intervention--is the Family Preservation movement.

For those who are not familiar with Family Preservation, the premise is that child welfare and juvenile justice bureaucracies frequently take children away from their families and put them in out-of-home placements for insufficient reasons. These out-of-home placement often do far more damage to children than keeping them at home would have done. Out-of-home placements are also an extraordinarily expensive way of addressing the difficulties of the vulnerable family and child.

Family Preservation practitioners have responded by developing a "pre-placement intervention" that seeks to avoid out-of-home placement with an intensive short-term service. Characteristically, the service is limited in duration to a period of six to eight weeks. Characteristically, it emphasizes going into the family home and addressing the problems directly and intensively, rather than over a longer period and during regular business hours at the county social service offices. Characteristically, the Family Preservation intervention consists of (a) providing help to the family in accessing "hard services" such as entitlement programs that the family may need to survive as a unit; (b) teaching communications skills within the family through a common-sense program based on sound family-systems psychological theory; and (c) taking advantage of the intensive relationship in the home with the family to create a higher potential for saving the family than any conventional intervention system.

Now the crucial problems for Family Preservation from a policy perspective include (a) proving the efficacy of the system in preserving families; (b) proving the cost-effectiveness of the intervention; (c) developing stable reimbursement streams for preplacement services; (d) ensuring that courts, social workers and probation officers use Family Preservation services effectively as part of their "reasonable effort" to avoid out-of-home placements; (e) developing ways of ensuring that the intensive Family

Preservation intervention is reserved for families where there is an actual imminent danger of out-of-home placement so that the service is not overwhelmed with "softer" cases that drive up the social cost; (f) ensuring that the cases to which Family Preservation services are applied are families where the effort can be effective-- avoiding the "impossible" cases as well as the "soft" ones.

5. The Commonweal Family Preservation Program

The Commonweal Family Preservation Program is a small program based in Marin County serving the four San Francisco Bay Area counties. We are able to serve fifty families a year.

Referrals come to the program from probation officers, schools and social service agencies. Referrals are screened by Commonweal staff to determine their eligibility for the program according to criteria which include an imminent and real danger of out-of-home placement and the potential that the family could be preserved.

Commonweal shares with other Family Preservation Programs the use of an intensive and time-limited intervention; teaching communications skills within the family based on family-systems theory; supporting the family in accessing "hard services" such as entitlement programs; provision of twenty-four hour on-call access to project staff; and linking families into community resource systems as appropriate.

But the Commonweal Family Preservation Program goes beyond this excellent baseline model in a number of respects that we believe are important.

First, we believe strongly that the capacity to offer a range of specialized diagnostic and consulting services provides us, the family, the child and the referring agencies with vital information and expertise to help the family plan and make constructive next steps. For example, we find that a pediatrician who is also trained in nutrition and a learning disabilities specialist are two of our most valuable diagnostic consultants, since so many of these children have undiagnosed physical health problems and learning disabilities. And because many of the children we serve are severely learning disabled, we find that an educational advocate skilled in getting special educational services for our clients is another very cost-effective consultant investment.

Second, we use carefully selected diagnostic reports as a way of providing objective and non-blaming information that enables family members to see each other and the vulnerable child differently. For example, the information that a child is physiologically incapable of following complex instructions because of an auditory learning disability can defuse a parent's anger at the child for not following orders. It also helps the child understand, label and define what can otherwise be a global sense that "something is wrong inside."

Third, a report summarizing the diagnostic findings of our consultants, together with our own observations and recommendations, serves as an important instrument

in accurately transmitting back to the referring court, social service agency or school a non-blaming and constructive approach to positive next steps.

This whole procedure is fundamental to our strategy of "reframing" the problem and the challenges for the child and the family. If we can help the child and the family see themselves in a new way, with objective back-up for this new perspective, we are often well on the way to success in preserving the family.

Our present data shows that over 75% of the families we serve remain intact for at least 12 months.

With respect to your request for a financial analysis, it is simplest and most straightforward to provide an ideal-type budget for an individual family and child based on the assumption that $3-5,000 were available per case through a single reimbursement system. It is also important to remember that the essence of the Commonweal Family Preservation Program is the use of a flexible and highly individualized approach to intervention, so the allocation of the resources available for each case depends entirely on the needs of the specific family.

For one child, we might allocate $1250 for a comprehensive learning disabilities evaluation, a pediatric evaluation, and a psychological evaluation. The evaluations might indicate that a special school placement was essential, and we might allocate an additional $250 for an educational advocate with an excellent track-record in getting schools to provide mandated educational services. The core program staff would spend 40 hours in in-home family counselling at a cost of $1,000. The remaining $500 in a $3,000 budget would go to program overhead costs--office, transportation (particularly high for in-home based programs), telephone, and report preparation.

Anything above $3,000 enables us to move into some of the crucial areas of need that a family on the brink of placing a child in an institution has. These needs are very varied, but small investments from a flexible resource fund can have disproportionately positive effects. There may be a need for food in the house before any counselling can be effective. There may be a need to pay an electrical bill to get the lights tunred back on or repair a car so that a parent can get to work. A child may need clothes to go to school. There may be a need for respite care while the risks of leaving a child at home in a child-abuse case are considered. A per-case budget of $5,000 provides room for the kind of creative investment in a family that greatly enhances the probability of success.

6. Two Case Histories

We will provide, as requested, two very brief case histories of Family Preservation Program clients.

J.J. Kidd is a thirteen-year-old boy whose parents were exhausted by trying to cope with his severe hyperactivity. County social workers were seeking an out-

of-home placement. J.J. had been hyperactive from infancy. He was given medication beginning in second grade to control his behavior. For over five years, consultant psychologists had recommended institutionalization. His parents were reluctant to institutionalize him, but had now concluded that an out-of-home placement was necessary.

The Commonweal diagnostic process found (a) significant learning disabilities, (b) undiagnosed poor eyesight, (c) nutritional deficiencies, (d) a need for a different school placement. Through an educational advocacy effort, J.J. was placed in a private day school program. The family was connected to community counselling resources. With a new school, new eyeglasses, and an improved diet, J.J. was able to stay at home.

Jack Garcia was a sixteen-year-old Hispanic boy whose chronic truancy, violent behavior and disputes with his mother frequently led to his running away or being placed by his mother in juvenile hall. He was referred by the county probation department while he was in temporary placement with the objective of reuniting him with his family.

Jack's mother had given birth to him at 16 and was forced to move out of her home because of the pregnancy. She is a rigid and strog-willed woman who angers easily. She often called police to take Jack to juvenile hall if he was late returning from school. Jack was extremely passive in school (between outbursts of violence) and had no history of any kind of criminal behavior. He simply said that he always hated school.

The Commonweal pediatrician found a previously undiagnosed and very serious diabetic condition, poor kidney function, and other indices of poor general health. The learning disabilities specialist found significant learning disabilities.

Jack resumed residence with his mother and began insulin treatment for his diabetes. Despite continuing difficulties at home, Jack found a job, developed health management skills, improved his diet and started a special educational program to develop his gifts in the drafting and drawing field. He is now eighteen years old, reconciled with his mother and living on his own. He enjoys improved health and is gainfully employed.

7 . Policy Implications of Family Preservation Programs

In over twenty years of direct involvement in providing support to vulnerable children and families, we have not seen a more cost-effective approach to assisting these clients than the Family Preservation Programs.

Family Preservation, correctly applied, makes obvious and overwhelming human and fiscal sense. In a system structurally prone to extraordinarily expensive and damaging out-of-home placements, there is a real need for a service that ensures that every reasonable effort has been made to keep the family intact. Family Preservations Programs ensure that this effort is made. They save money and

they save families.

Right now, in many parts of the United States, including the San Francisco Bay Area, funding for Family Preservation Programs is simply not available.

Optimally, the federal funds that flow through the states to pay for out-of-home placements should come with a mandate that part of the resources available for these placements should be earmarked for pre-placement Family Preservation services. At the state level, optimally, there should be a financial incentive for the counties for utilizing Family Preservation services.

Family Preservation does not, as we have suggested, address the underlying reasons for the increasing numbers of vulnerable children and families that American society is producing. But it is a very significant contribution to caring for these families. We strongly urge this Committee to make every effort to ensure that, before we spend tens of thousands of dollars on long-term placements of vulnerable children, we ensure that a few thousand dollars can be spent to make every reasonable effort to keep their families intact.

Carolyn L. Brown, Ph.D., is former Chairman of the California Juvenile Justice and Delinquency Prevention Advisory Committee. She is the founder of Full Circle Programs, a comprehensive service provider for vulnerable children and the Director of the Commonweal Family Consulting Services, which offers the Commonweal Family Preservation Program.

Michael Lerner, Ph.D., is President of Commonweal, a center for service and research in health and human ecology. He is a MacArthur Prize Fellow, Institute for Health Policy Studies, University of California, San Francisco, School of Medicine.

Address: Commonweal, Box 316, Bolinas, California 94924, (415-868-0970).

The Commonweal Family Preservation Program is supported by the Edna McConnell Clark Foundation, the Office of Criminal Justice Planning, the Louis R. Lurie Foundation and the Maria Kip Orphanage Foundation.

STATEMENT OF MONA L. HURST, VIRGINIA DEPARTMENT OF SOCIAL SERVICES, FAIRFAX, VA

Ms. HURST. On behalf of Commissioner William L. Lukhard, let me briefly take this opportunity to thank you for the invitation to discuss families and to describe some of the things that Virginia has done to keep the families together.

You've all heard the statistics and you know the realities and you know it will cost money to address the issue. Nevertheless, in Virginia, before the money is provided and spent and before the evaluations are completed and before success and failure are addressed, a more basic step must be taken. That step is commitment. A commitment by every legislator, every administrator, every service provider and every concerned citizen that "the family is and should continue to be the central structure around which a free caring and self-sufficient society must be built."

Therefore the family must be strong and healthy in order to provide the necessary nurture, protection, shelter and education for its children.

Virginia began its efforts to serve families in the early 1980s by offering 18 month grants to the local public and private nonprofit agencies and organizations to strengthen and maintain families and to prevent or eliminate the need for out-of-home placement of children into foster care or residential facilities.

The grants demonstrated beyond a doubt that prevention of out-of-home placement was cheaper, both in the short term and long term that you mentioned earlier then allowing families to break up before providing the needed services.

For example, of the 391 families served under the grants statewide, an average of 99 hours of prevention services per family were received over an average period of five months per family. Moreover, of the 715 children at risk for foster care placement, only 7 percent left their homes and were placed in foster care.

In addition, an evaluation of the level of family functioning at the beginning and the end of the service delivery periods revealed that 69% of the families improved in overall family functioning during the project. The bottom line on the pre-placement prevention grants reflected an average cost per child of $1,214 to prevent placement, compared to an average cost per child of $11,173, just as room and board, for a child in foster care for 4.6 years, which is our State average.

Thus, family focus prevention services are both cost effective and ethically recommended. To insure the efforts continue, the Department has set aside $225,000 in State funds and $500,000 in Social Services Block Grant funds to be allocated to local social services agencies beginning July 1, 1987, for the express purpose of developing and implementing programs statewide to keep families together. Furthermore, we are developing State legislation that will provide an ongoing source of funds for family services.

In addition to the funding initiatives, the Department has successfully effected a change in the definition of foster care in the State statutes to allow for the use of foster care funds for preplacement prevention programs. Up to 20% of available funds can be

used for this purpose thereby giving the potential for flexible use of an additional two and a half million dollars for prevention services.

Another example of our commitment to families, the Department of Social Services and the American Public Welfare Association jointly sponsored, in September, 1986, a forum entitled Investing in Children and Their Families, A matter of Commitment.

The forum was attended by 300 elected and appointed officials of State and local government, State and local administrators, health departments, community service boards, school districts and employment and training agencies plus public and private providers of human services.

This Committee's own Chairman, the Honorable George Miller, was the keynote speaker for this forum. Following his leadership, the participants divided into groups to address the issues confronting families in the Commonwealth of Virginia. At the end of the two days of often intense discussion, the participants concluded with a resounding yes to adequate health care, to addressing the problems of teen pregnancy and teen parenthood, to combating child and spouse abuse, and to providing necessary economic support, day care, employment and training, and to enhance and improve prevention efforts and adoption opportunities.

Building upon the commitment made in September, the Department of Social Services established, in October, a Family Services Task Force to address training, policy development and implementation, legislative initiatives and funding needs for families in Virginia. That Task Force has made substantial progress over the past 18 months.

In November, 1986, the State Board of Social Services adopted its first ever position paper setting forth its commitment to families.

The next step in obtaining commitment to serve families will occur in November when the Department of Social Services and the Virginia League of Social Services Executives jointly sponsor a conference to address the needs of families. The goal of the conference will be to obtain commitments from executives and administrators responsible for actual delivery of services at the local level.

Congress can support our work by continuing to authorize the transfer of Title IV-E funds to Title IV-B funds in order to provide more services to families. You can also reauthorize the Child Abuse and Neglect Act and include some funding incentives for State programs.

To summarize, commitment must come before anything else. With commitment, you can have a real and lasting impact on meeting the needs of all families. Without commitment from the appropriate administrators, legislators and citizens, all efforts to keep families together and to strengthen their coping and management skills will be fruitless. As the commercial says, we can pay now or we will surely pay later.

We thank you for this opportunity.

[Prepared statement of Mona L. Hurst follows:]

PREPARED STATEMENT OF MONA L. HURST, FAIRFAX, VA

Let me briefly take this opportunity to thank you for the invitation to discuss families and to describe some of the things that Virginia has done to keep families together.

Any discussion on the needs of children, youth, and families usually begins with a request for money to fund necessary programs to provide services to specifically targeted areas of greatest need. And certainly the needs are significant. We have serious and continuing needs:

- When one child in four is born into poverty;
- When 500,000 babies are born each year to teenage parents;
- When 9 million children have no regular source of health care;
- When we are twelfth in the world in our ability to keep infants alive through the first year of life;
- When family violence is increasing;
- When the number of single parent households is on the rise; and,
- When the national poverty rate is higher than at any time since the early 1970's.

You have heard these statistics and realities before, and you know it will cost money to address the issues. Nevertheless,

before the money is provided and spent, before the evaluations are completed, and before success and failure are addressed, a more basic step must be taken.

That step is commitment: a commitment by every legislator, every administrator, every service provider, and every concerned citizen that "...the family is, and should continue to be, the central structure around which a free, caring, and self-sufficient society must be built. Therefore, the family must be strong and healthy in order to provide the necessary nurture, protection, shelter, and education for its children."

Without the necessary commitment from the top to the bottom of each and every organization and institution, all the money, all the public discussion, and all the good intentions will be for nothing when measuring permanent change that benefits families.

The reasons for first securing a concrete commitment are fairly evident: Everyone involved in serving families should agree on the direction, the scope, the accountability, the expected outcomes of the efforts. Without this initial consensus, the long term results will be, at best, only partially successful and, at worst, complete failure of the system to address the realities of today's stresses on the family structure.

Virginia began its efforts to better serve families in the early 1980's by offering eighteen month grants to local public and

private, non-profit agencies and organizations to strengthen and maintain families and to prevent or eliminate the need for out-of-home placement of children into foster care or residential facilities. The grants demonstrated beyond a doubt that prevention of out-of-home placements was cheaper both in the short term and the long term than allowing families to break up before providing service.

For example, of the 391 families served under the grant, an average of 99 hours of prevention services per family were received over an average period of five months per family. Moreover, of the 715 children at risk of foster care placement, only 7% left their homes and were placed into foster care. In addition, an evaluation of the level of family functioning at the beginning and end of the service delivery periods revealed that 69% of the families improved in overall family functioning during the projects. The "bottom line" on the preplacement prevention grants reflected an average cost per child of $1,214 to prevent placement compared to an average cost per child of $11,173 for a child in foster care for 4.6 years (the State average). Thus, family focused prevention services are both cost effective and ethically recommended.

And to ensure that the efforts continue, the Department has set aside $225,000 in state funds and $500,000 in Social Services Block Grant funds to be allocated to local social service agencies beginning July 1, 1987, for the express purpose of

developing and implementing programs statewide to keep families together. Furthermore, we are developing state legislation that will provide an ongoing source of funds for family services.

In addition to the funding initiatives, the Department has successfully effected a change in the definition of foster care in state statutes to allow for the use of foster care funds for preplacement prevention programs. Up to 20% of available funds can be thus used, thereby giving the potential for flexible use of an additional $2,500,000.

As another example of our commitment to families, the Department of Social Services and the American Public Welfare Association jointly sponsored, in September 1986, a forum entitled "Investing in Children and Their Families: A Matter of Commitment." The forum was attended by 300 elected and appointed officials of state and local government, state and local administrators of departments of social services, health departments, community service boards, school districts, and employment and training agencies, and other public and providers of human services.

Your own Chairman, the Honorable George Miller, was the keynote speaker for this forum. Following his leadership, the participants divided into groups to address the issues confronting families in the Commonwealth. At the end of the two days of often intense discussion, the participants concluded with a resounding YES! to adequate health care, to addressing the

problems of teen pregnancy and teen parenthood, to combating child and spouse abuse, to provide necessary economic support, day care, employment and training, and to enhance and improve prevention efforts and adoption opportunities.

Building upon the commitments made in September, the Department of Social Services established, in October, a Family Services Task Force to address training, policy development and implementation, legislative initiatives, and funding needs for families in Virginia. That Task Force has made substantial progress over the past eight months.

In November, 1986, the State Board of Social Services adopted its first ever position paper setting forth its commitment to families as follows:

The State Board commits itself to building strong, healthy families as a capital investment in the future. Not only does the State Board believe that providing services at the earliest possible point in family problems is the most economical and efficient way to enhance family life, but also the State Board supports preventing those problems, whenever and wherever possible. Toward that end the State Board pledges to strive to provide those services necessary for maintaining family integrity and for achieving self-sufficiency....

The next step in obtaining commitment to serve families will

occur in November when the Department of Social Services and the Virginia League of Social Services Executives jointly sponsor a conference to address the needs of families within the Commonwealth. The goal of the conference will be to obtain commitments from executives and administrators responsible for actual delivery of services at the local level.

Assuming the conference is successful, the state and the Department of Social Services will have achieved a "top down" commitment to families that will support and encourage every effort to strengthen and maintain family integrity and unity.

Congress can support our work by continuing to authorize the transfer of Title IVE funds to Title IVB in order to provide more services to families. You can also re-authorize the Child Abuse and Neglect Act and include some funding incentives for State programs.

To summarize, commitment must come before anything else. With commitment you can have a real and lasting impact on meeting the needs of families. Without commitment from the appropriate administrators, legislators, and citizens, all efforts to keep families together and to strengthen their coping and management skills will be fruitless. As the commercial says, "We can pay now, or we will surely pay later!"

Thank you for this opportunity to speak.

Chairman MILLER. Ms. Stein-Cowan.

STATEMENT OF ELLIE STEIN-COWAN, EXECUTIVE DIRECTOR, FAMILYSTRENGTH, CONCORD, NH

Ms. STEIN-COWAN. Mr. Chairman and members of the Committee, thank you for the invitation to speak with you about our agency's work to strengthen and preserve families of children who are at risk of being placed outside their homes.

My name is Ellie Stein-Cowan and I am a cofounder and the Executive Director of Familystrength, a private, nonprofit agency in New Hampshire established two years ago, to provide intensive family preservation services. Our agency is currently the largest private provider of family preservation services in the country.

I would like to describe Familystrength's approach, present data regarding effectiveness and cost and share some thoughts about the public policy challenges which, from our perspective, lie ahead.

We serve families of children referred to us by district courts, in which a child is at risk of placement and where other community resources would be ineffective. Approximately a third of our clients are abuse and neglect cases, a third are families of delinquents and a third are families of CHINS, children in need of supervision, our State's term for status offenders.

The funding for our services is generated on a case by case basis. When ordered by the court, the cost of each case is borne by the State and the counties, according to a formula mandated by State statute.

Our approach is grounded in three beliefs. First, in most instances, children in trouble signify families in trouble and effective intervention necessitates a family oriented approach.

Second, we should first invest in the child's own family before a decision to pursue out of home placement is made.

Third, people are most likely to change when treated with respect and dignity, when their strengths as well as their problems are emphasized and when they are allowed to maintain some control over important decisions affecting them.

The major characteristics of this family preservation model are it's family centered. That is, the entire family unit is the focus of service, not just the identified child.

It's inhome. Most of the counseling takes place in the family's home where trust is easier to build. It's short term and time limited. Families receive service for a maximum of six months and it's intensive. The maximum counselor caseload is four to five families and the agency is on call to all families 24 hours a day, 7 days a week for maximum flexibility and emergency assistance and the work is comprehensive. The families we serve present a broad range of problems, including alcoholism, sexual abuse, poor job skills, family violence, school problems, housing and food inadequacies and mental illness.

One key reason for this model's success is the powerful combination of therapy and assistance meeting basic, concrete needs. We view the model as a hybrid of family counseling, social work and education.

Treatment plans are designed to specific needs of each family and our interventions vary greatly from family to family. I can provide examples if illustrations would be helpful.

The agency's success to date is apparent in its growth, its acceptance and its results. Familystrength is, at least for the time being, a stable agency which has grown rapidly to meet a strong demand for placement prevention services in New Hampshire. By September of 1987, we will be operational throughout three-quarters of the State and will serve 300 to 350 families per year.

The agency and its methods are well regarded by State and community officials, especially judges. This past year, Governor Sununu called a meeting with the Director of the Division for Children and Youth Services, our child welfare bureaucracy and all the District Court Judges to discuss the need to contain rising costs of court ordered services.

At that meeting, one judge rose to challenge the notion that judges can effectively keep the lid on spending without adequate in-State treatment resources. He pointed out that agencies such as Familystrength offered a type of treatment judges could rely upon to obtain positive results.

If New Hampshire wanted to reduce placement costs responsibly, he observed, more of these kinds of services would need to be made available to the judiciary. It's unclear yet what our Governor's response is going to be to that.

In another instance, the judge stated in court that the way a particular case had been handled by one of our family based counselors "has changed my mind" about how best to treat suspected cases of incest.

Our impact studies show that most families can learn to make changes significant enough so that placement becomes unnecessary. Of the approximately 180 families served this past year, 88 percent made measurable gains in one or more major goal area. A preliminary review of our 1986-87 data, which is incomplete as of yet, indicates that of the families terminated during the year, 76 percent were in intact at the end of treatment, 12 percent were placed temporarily and with support, will likely be returning home within six months and we recommended that 12 percent be placed on a more long term basis. The average length of treatment was 4.4 months, at an average cost of $4,800 per family of five. This is less than half the average cost of placement for one child for one year.

Nationally, the family preservation movement is significant and its emergence presents new responsibilities and challenges to program managers, State and Federal officials and lawmakers. One of these responsibilities is to examine the record of family preservation services during the decade so that we can better understand their potential.

The results of such an examination will reveal that family based care is not a passing fad nor is it a local or regional phenomenon nor does it represent an advance being made in one particular human service field. With Federal, State and local leadership now, the family preservation movement, I believe, has the potential to trigger significant reform in the fields of education, mental health, juvenile justice and child welfare.

States have important responsibilities in protecting and promoting family preservation efforts. First, they must immediately establish rigorous standards for this service category called family preservation. Already an erosion of this model is taking place, as large numbers of providers, some with a profit making motive, become aware and take advantage of the service's hard earned reputation for excellence.

Second, States must identify critical decision making points in the child welfare system and apply family based, prevention oriented resources at those junctures.

For example, those assigned responsibility for child assessment, should have a family based outlook and the tools they use should have a family based orientation.

Winston Churchill said, "He who defines the problem, provides the solution." If we're really serious about wanting to preserve more families than we currently do, we must learn to analyze the problems of children in a way that stimulates a family oriented response.

At the national level, laws must be reworked and funds more carefully targeted to keep States pursuing enlightened policies and practices. New and innovative ways to reward States and communities willing to reinvest in placement prevention, must be found and I think that my opinion here differs a little bit from others who have testified.

From our State's point of view, there are two serious flaws, not in Public Law 96-272 itself, but in the implementation of that law and if it's of interest to the Committee, I can share my perception of what those two problems are and what's hampering the States in their attempt to comply with the spirit of the law.

But at all levels of government, it is important that actions be taken to secure a place for family preservation while public and private providers of the service become more sophisticated at measuring and articulating our successes and competing for attention and funds.

And finally, it's important that program managers, policy makers and interested members of Congress, challenge as short sighted, the public attitude of parent blaming and child saving. We must learn to ask, what if these parents had received in-home support for their families when they were children? In this way, we can encourage people to think more constructively about how the serious problems of child abuse and delinquency can be approached.

Thank you.

The CHAIRMAN. Thank you.

[Prepared statement of Ellie Stein-Cowan follows:]

PREPARED STATEMENT OF ELLIE STEIN-COWAN, EXECUTIVE DIRECTOR, FAMILYSTRENGTH, CONCORD, NH

Mr. Chairman and Members of the Committee:

Thank you for the invitation to speak with you about our agency's work to strengthen and preserve families of children who are at risk of being placed outside their homes.

My name is Ellie Stein-Cowan, and I am a co-founder and the Executive Director of Familystrength, a private non-profit agency in New Hampshire established two years ago to provide intensive family preservation services. We are a sole purpose agency, offering only this one family support model. By a number of measures, the organization has been successful. The clients we serve improve in significant, measurable ways, and the work appears to have gained the respect and support of the state's various decision makers.

I would like to describe Familystrength's approach, present data regarding effectiveness and cost, and share some thoughts about the public policy challenges which, from our perspective, lie ahead.

We serve families of children referred to us by district courts, in which a child is at risk of placement and where other community resources would be inappropriate. We accept all families ordered to us by the courts, unless we judge that our presence would increase the risk of harm to a family member or jeopardize the safety of a counselor. Approximately 1/3 of our clients are public agency abuse/neglect cases, 1/3 are families of delinquents, and 1/3 are families of CHINS (children in need of supervision), our state's term for status offenders.

The funding for our services is generated on a case by case basis. When ordered by the court, the cost of each case is borne by the state and the counties, according to a formula mandated by state statute.

Our approach is grounded in three beliefs: first, in most instances children in trouble signify families in trouble, and effective intervention necessitates a family-oriented approach; second, we should first invest in the child's own family before a decision to pursue out-of-home placement is made; third, people are most likely to change when treated with respect and dignity, when their strengths as well as their problems are emphasized, and when they are allowed to maintain some control over important decisions effecting them.

The major characteristics of this model are:

Family Centered---the entire family unit is the focus of service, not just the identified child

In-Home---most of the counseling takes place in the family's home where trust is easier to build; in-home assessments are more accurate than office based assessments, because the family's real problems and strengths are more apparent when they are seen in their natural setting

Short-Term, Time-Limited---families receive service for a maximum of six months; when clients know our availability is limited, often they work harder to reach the goals we have agreed upon

Intensive---the maximum counselor caseload is four to five families; the agency is on-call to all families 24 hours/day, 7 days/week, for maximum flexibility and emergency assistance

Comprehensive---the families we serve present a broad range of problems, including alcoholism, sexual abuse, poor job skills, family violence, school problems, housing and food inadequacies, and mental illness; counselors function as generalists, playing the role of family counselor, social worker and teacher

Well Trained Staff---our training budget is generous; we have designed a rich training and supervision program that gives workers a stable framework and a variety of skills needed to perform this difficult work

One key reason for this model's success is the powerful combination of therapy and assistance meeting basic, concrete needs. We view the model as a hybrid of family counseling, social work and education. Treatment plans are designed to suit the specific needs of each family, and our interventions vary greatly from family to family. (I can provide examples if illustrations would be helpful.)

The agency's success to date is apparent in its growth, acceptance and results. Familystrength is, at least for the time being, a stable agency which has grown rapidly to meet a strong demand for placement prevention services. By September of 1987 we will be operational throughout 3/4 of the state, and will serve 300 to 350 families per year with a staff of 33.

The agency and its methods are well regarded by state and community officials, especially judges. This past year, Governor Sununu called a meeting with the Director of the Division for Children and Youth Services and district court judges, to discuss the need to contain the rising costs of court ordered services. At that meeting, one judge rose to challenge the notion that judges can effectively keep the lid on spending without adequate in-state

treatment resources. He pointed out that agencies such as Family-strength offered a type of treatment judges could rely upon to obtain positive results. If New Hampshire wanted to reduce placement costs responsibly, he observed, more of these kinds of services would need to be made available to the judiciary. In another instance, a judge stated in court that the way a particular case had been handled by one of our family-based counselors "...has changed my mind..." about how best to treat suspected cases of incest.

Our impact studies show that most families can learn to make changes significant enough so that placement becomes unnecessary. Of the approximately 180 families served this past year, eighty-eight percent (88%) made measureable gains in one or more major goal area. A preliminary review of our 1986-1987 data indicates that, of the families terminated during the year, seventy-six percent (76%) were intact at the end of treatment; twelve percent (12%) were placed temporarily and with support, will likely be returning home within six months; and twelve percent (12%) were placed on a more long term basis. The average length of treatment was 4.4 months, at an average cost of $4,800 per family of five. This is less than half the average cost of placement for one child for one year.

The question of who should supply family preservation services is an important one. Providing intensive support to high risk families cannot be successfully undertaken by private agencies or public agencies alone, but must be taken on as a public agency-private provider partnership.

When only private providers employ this approach, the results amount to isolated pockets of enlightened thinking, operating in an unsupportive, "business as usual" climate. These programs struggle, become exhausted and often succumb to the competing pressure for funds. Fish can swim upstream for only so long.

When public agencies choose to provide all family preservation services in-house, other dangers are present. Public agencies are largely insulated, closed systems which make major decisions effecting the lives of children, frequently without the benefit of independent professional perspectives. When our agency works with a family on the public agency caseload, often we disagree with the public agency worker about the family's strengths, problems and potential for change. Such debate is clearly in the best interest of the clients. If you or I were considering major surgery on the advice of a physician, we would want the benefit of a second professional opinion. Children about to be removed from their families deserve no less.

When public agencies hold family oriented values and provide family oriented training, and when private providers work collaboratively on cases referred to them by the public agency, the setting for a well orchestrated partnership is in place.

Nationally, the family preservation movement is significant, and its emergence presents new responsibilities and challenges to program managers, state and federal officials and law-makers.

One of these responsibilities is to examine the record of family preservation services during the last decade, so that we can better understand their potential. The results of such an

examination will reveal that family-based care is not a passing fad, nor is it a local or regional phenomenon; nor does it represent an advance being made in one particular human service field. On the contrary, there appears to be the beginning of a shift in the way Americans view and try to solve the problems of troubled children. With federal, state and local leadership now, the family preservation movement has the potential to trigger significant reform in the fields of education, mental health, juvenile justice and child welfare.

Program managers must become more professional in collecting and disseminating data about their effectiveness and cost effectiveness and using that information, must challenge the status quo. They must work cooperatively with states to preserve the integrity of the family-based model.

States have important responsibilities also. First, they must immediately establish rigorous standards for services categorized as family preservation. Already an erosion of this model is taking place, as large numbers of providers, some with a profit making motive, become aware and take advantage of the service's hard earned reputation for excellence. Second, states must identify critical decision-making points in the child welfare system, and apply family-based, prevention oriented resources at those junctures. For example, those assigned responsibility for assessment should have a family-based outlook, and the tools they use should have a family-based orientation. Winston Churchill said, "He who defines the problem provides the solution". If we

are serious about wanting to preserve more families than we currently do, we must learn to analyze the problems of children in a way which stimulates a family oriented response.

At the national level, laws must be reworked, if necessary, and funds more carefully targeted to keep states pursuing enlightened policies and practices. New and innovative ways to reward states and communities willing to reinvest in placement prevention must be found.

At all levels of government it is important that action be taken to secure a place for family preservation while public and private providers of the service become more sophisticated at measuring and articulating successes and competing for attention and funds.

Finally, it is important that program managers, policy makers and interested members of Congress challenge the public attitude of parent blaming/child saving as short sighted. We must learn to ask, "What if these parents had received in-home support for their families when they were children?" In this way we can encourage people to think more constructively about how the serious problems of child abuse and delinquency can be approached.

Thank you.

The CHAIRMAN. Mr. Paschal.

STATEMENT OF JOHN H. PASCHAL, M.S., PROGRAM SUPERVISOR, FLORIDA DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES, TALLAHASSEE, FL

Mr. PASCHAL. Good morning, Mr. Chairman.

I think as a result of being invited here, I caught a cold, so please forgive me if I cough or sound otherwise crouped up. I appreciate being invited here and, at your suggestion, I will just paraphrase the written comments and move quickly through them.

Florida's Intensive Crisis Counseling Program is very similar to the New Hampshire model. It is based on what we believe is sound crisis theory, and short-term treatment. The duration, maximum length of stay for this program is six weeks with most families staying in the program around four weeks and like the New Hampshire program, it combines a social work model where families are in need of adequate housing, food stamps and other kinds of social provisions, with family counseling.

One thing that we've found, if you just want to maintain families intact, one good way to do that is just do away with the protective services program.

Let me explain that. When we were doing a pretty inadequate job a few years ago, we had probably 96 percent of the families under supervision remaining intact, but when we finally put staff out there and they went into these homes, we found there were a lot of kids that were continuing to be neglected, abused and otherwise mistreated. So, just as an example, this is how families can remain intact. It's not always just a good measure of what's happening with children and families.

Currently, we have 11 projects throughout the State of Florida and our Legislature just funded 8 more. These are all general revenue funded programs and they began back in 1980 with a couple of pilot projects. One in Miami; a metropolitan area and one in a rural area in North Florida. The maximum caseload per counselor is four, so each counselor serves around 32 families per year.

We'd like to comment briefly on the average caseload concept. It seems to be administratively convenient to talk in terms of protective service counselors having average caseloads. One of the problems with that, and what State agencies do, is that they just divide cases among all the staff and certainly there's a real difference when you're talking about chronic neglect cases that may be on supervision for years and sexual abuse cases—with regard to treatment needs.

So, one thing the State agencies just aren't able to provide, which programs like the Intensive Crisis Counseling Program do, is the level of intensity of services and small caseloads. The projects in Florida provide services primarily to abused and neglected children and children who are classified as status offenders and within the area of abuse, that includes both sexual abuse and physical abuse.

The intensity of the service is important and during the first two weeks of supervision with a family, the counselor is required to maintain a minimum of three contacts. After the first two weeks, a

mininum of two contacts, but a service plan is developed with the family and assessment is done on what the family's needs are. We feel that the timeliness, the intensity and accessibility to programs is the key to its success. There are a lot of programs—around the state—but it's hard to get families into them. There are waiting lists. It just takes a long time. Mental health centers traditionally don't take families right away, and if they—the family—don't want to be there, they're not taken into traditional therapy programs and that's what is different from this program.

It is accessible 24 hours a day, seven days a week by telephone call and that, I think, in considering any kind of program is what's going to be successful, I think those are three key things to take into consideration timeliness, intensity and accessibility. My written comments include evaluation data—let me just say I think the most important part of this evaluation which used basically a before and after research design, shows that we went from almost one and a half children per thousand placements (in foster care) in 1983 and now we're down to less than one child per thousand being placed. That doesn't mean we will continue to have fewer kids in foster care because, as you know, Florida is a rapidly growing State and we may eventually have even more children in foster care.

I would like to talk just briefly about some of the problems with these programs. First of all, it takes time to get a program started. Our experience with just about any new program in the State has been that it takes two to three years to get the program fully operational and along that line, I would say that one year grants that we get sometimes from the Federal government are, in my opinion, a waste of money. By the time we get the program going, it's time to end it.

During that first couple of years that we try to get these (ICC) programs going, you can say, if you're not interested in the needs of children and families, that they're really not cost efficient, because they probably cost about twice as much as we say that they do during that first two year start-up time.

This program has a criteria of only serving families with children who are in imminent jeopardy of removal from their families. Because some programs worry a lot about success rates, they don't always serve those kinds of families. We found that when we go out and monitor, some programs are serving families that don't have those kind of severe problems.

Those families where the children are not in imminent jeopardy of removal could probably be served by other traditional services in the community.

This is why it's very difficult to sit here and give you absolute success rates because one program in the State that's serving families that are very difficult to keep intact would certainly have a lower success rate than a program where they serve families with general family problems.

Counselors working this intensely with families can sometimes become enmeshed in the family, overlook problems of the family or can take sides, either with the parents against the children or with the children against the parents.

One of the problems that we've encountered over the years is we have a very strict contract with the providers that details exactly

what the program will be and how it will be run. This is diametrically opposite to the philosophy of a lot of mental health people. They feel that we ought to give them money and let them run the program as they see fit.

One of the dangers of that is, if you put a program model in place and go back in a couple of years, you find that none of the programs resemble what you originally had in mind, so we've held fast to that, saying that we have a proven model and we want to stick with that.

Ongoing services at time of termination are a real problem. I think you've heard some of that already this morning. Our model is designed so that when termination is about to occur, a protective service counselor will enter the case and provide ongoing services to the family. What you have is a situation where a family goes from an intensive level of supervision to maybe a once a month contact. Also in our programs around the State, we have found that where families are referred out to mental health clinics, that virtually none of those families maintain those appointments. They just do not go. There has to be some transitional period and quite frankly, the—you can call it after care or whatever you would like, is a real problem and we think it's something we need to work on and something that needs attention.

Again, I paraphrased my written comments and I hope the comments have been helpful to you.

Thank you for the invitation.

[Prepared statement of John H. Paschal follows:]

Prepared Statement of John H. Paschal, M.S., Program Supervisor, Florida Department of Health and Rehabilitative Services, Tallahassee, FL

Mr. Chairman, Members of the Committee, my name is John Paschal, Children, Youth and Families Program Supervisor with the Florida Department of Health and Rehabilitative Services. I appreciate your invitation to briefly discuss Florida's Intensive Crisis Counseling Program. We believe based on personal experience and empirical data that this is one of the most successful family preservation programs in Florida.

Florida's Intensive Crisis Counseling Program (ICCP) is a home based, family intervention program specifically designed to prevent the removal of children from their own homes and their subsequent placement in emergency shelter care, family foster care and institutional foster care. The original model for this program was the Homebuilder's Program in Tacoma, Washington. Both the Homebuilder's model and the Florida ICCP model have demonstrated success in keeping families intact despite severe family dysfunction and attendant crisis periods that occur in the family. The ICCP model is based on sound crisis intervention and short term therapy theory that immediate and intensive intervention in the home can maintain families intact despite severe crisis that would otherwise necessitate the removal of children from the home. There are many wonderful foster homes and foster parents, but we believe that, except in exceptional circumstances, substitute care is a short term necessity and not a solution.

The Intensive Crisis Counseling Program began during Fiscal Year 1980-81 when the Florida Legislature funded two pilot projects, one in an urban setting and one in a rural setting. The department's October 1982, evaluation of the two pilot projects demonstrated the success of the model in both geographic areas, and the program has been expanded almost every year since its inception.

Currently, there are eleven ICCP projects providing services in almost half the counties in the state. The department contracts with community mental health centers and other social service and counseling agencies to provide intensive crisis counseling services. This is a social service program and not a traditional mental health, center-based service. I will speak more on this in a minute. Each project is staffed with a director, 3-5 counselors and a secretary. The maximum caseload for each counselor is four families and the director carries a half-time caseload of two families. This translates to a program with 3 counselors and a director having the ability to serve between 100-115 families per year (32 families per counselor per year x 3.5).

The target children for the program are those who have been referred to the department for abuse, neglect or status offense behavior - running away or ungovernability. The majority, about 60 percent, are referred for abuse or neglect. The primary eligibility criteria for the program are that the children are in imminent danger of removal from their homes and that at least one family member is willing to work toward keeping the family together.

Without going into great detail, families are referred to the program by the department's protective services counselors at a point where the family is in such crisis as to place the children in jeopardy of removal. The program must accept referrals at any time. This means that the ICCP counselors are on call 24 hours a day 7 days a week to enter the homes of families in crisis. This is a critical element of the effectiveness of the program. In some cases, the ICCP counselors practically live with the families for the first two weeks the case is active. After the first two weeks, the ICCP counselors visit the families at least twice a week, but beyond those minimum requirements, the intensity of the service is based on each family's problems and service needs. Most families receive services for about four weeks. The maximum length of time a family may be active in the program is six weeks.

The ICCP contract providers use a variety of therapeutic techniques in working with families; however, what makes the program successful is that it does not use traditional, "leather chair" therapy. Instead, it combines the provision of concrete social services, such as transportation or arranging for clothing and public assistance, with crisis intervention and short-term therapy for the whole family. The timeliness, intensity and accessibility of the service are key factors in the success of the program.

We do not have enough ICCP projects in Florida to meet the need for this type of service. We could easily quadruple the number of projects we have and still not have enough. This model can be used to serve a number of client populations - delinquent children, children in foster homes and adoptive homes and children with a broad range of mental health problems. We think it would be particularly effective in preventing disruptions in foster care and adoptive placements. Our current policy allows the program to be used for some of these children now, but as a practical matter there simply aren't enough ICCP projects to meet the need.

Now, I would like to present some evaluation information on the program. Based on data submitted on 656 families terminated from the program between July 1, 1985 and March 30, 1987, 87.3 percent of the children had not been removed from their homes at termination of ICCP services. Follow-up data on 356 of these families showed that 61.8 percent of the children were still in their homes 12 months after termination of services.

There has been no controlled experiment conducted to ascertain a relationship between ICCP services and the avoidance of out-of-home placement, so we are not able to make a definitive statement and honestly, there may be rival explanatory causes for the following. However, we do believe that the ICCP program has had a significant

impact in helping Florida achieve and continue reductions in foster care placements. For the 5-year period prior to implementation of ICCP (1976-80), the average monthly number of children in foster care was 7,923 and the average rate of children in care (per 1,000 children under the age of 18) was 3.3. For the 5-year expansion period (1981-85), the average number of children in foster care was 6,401 and the average rate was 3.1. Between April 1984 and March 1985, when ICCP began operating statewide, the placement rate dropped to 1.4 (3,499 children), and the average rate of children in foster care declined to 2.6. The October 1986, placement rate was .99 children per thousand. For this same period, Florida experienced a 13 percent increase in children referred for abuse or neglect and a 50 percent increase in the number of children involved in indicated child abuse or neglect referrals.

Now that I have discussed some of the strengths of the program, let me give you a few of the problems.

- It takes time to get a program started. In fact, it took about 2 years to get the protective services staff to believe in the program enough to make referrals and keep them fully operational. This results in a higher cost per family during the start-up years.

- Sometimes the programs serve clients that don't meet the strict criterion of being in imminent jeopardy of removal - when this occurs the service is not cost effective. This happens because of overconcern by the providers with success rates and because protective services staff like the program so much and think it's a good service for any family having problems. Unfortunately, this can result in contaminated data and difficulty in determining accurate success rates.

- Counselors working this intensely with a family can easily become enmeshed in the family and begin to "feed into" the problem rather than being change agents.

- The counselors in this program must have a dual orientation - social field work and family therapy. Many mental health therapists and clinical social workers want to do office therapy rather than home-based services.

- Ongoing services upon ICCP termination are a real problem. Often the family goes from intensive services to monthly visits by a protective services counselor. Experience has shown that virtually no families participate in outpatient mental health services upon termination.

I really appreciate the opportunity to discuss our Intensive Crisis Counseling Program with you. We are very proud of it.

Chairman MILLER. I appreciate that very much and thank you to all of you. There obviously is a recurring theme here, and that is that this kind of intensive effort seems to be working, not only in terms of your follow up with the number of families that are intact and seem to have survived that crisis that brought them to your attention, but obviously there appears to be a financial trade-off here in terms of the cost of these services versus the placement of the child or of the children, in some instances, out of home.

But, Carolyn, the services that you are describing are really fairly elaborate—not necessarily complicated, but in terms of mental health people, in terms of medical professionals, to really provide a family diagnosis—I mean, you got done with one child with a black eye and you ended up with three clients, all of whom needed some intensive and specialized attention to their needs. And in spite of that, what you're suggesting is that it still appears to be somewhat cost-effective.

Ms. BROWN. That's right. We have, in our written statement, taken our cost figure that we spend between $3,000 and $5,000 per family and, of course, it depends on the family and what we find. Our people, our workers are trained to ask general medical, education and mental health questions.

They are not practitioners themselves, but they are able to get clues to the kinds of diagnosticians that we would spend that money on and within that amount of money, we are able to pay for a very sophisticated medical and learning disabilities evaluations for families.

Now, of course, if we find that the family insurance or that Medicaid will pay for anything that we're suggesting to the family, then we use those resources and save our funds and within that $3,000 to $5,000, we also have the kind of flexible dollars that the people from Maryland are describing.

Chairman MILLER. But part of your program, obviously, is that sort of detective work.

Ms. BROWN. That's right.

Chairman MILLER. About what else has gone on in this family. I mean that takes a considerable period of time. It would seem to me that if you had a caseload of 50 or 40 or 30 or 20, there's not enough hours in the week to go through that process with that kind of caseload, given the fact you've got to contact the doctor; you've got to get an appointment; you've got to contact the family therapist; you've got to get the appointment; and you've got to contact the specialist. I mean, you're talking about a caseload that, in fact, probably involves maybe as many as 8, 10, 12 people.

Ms. BROWN. Well, it does and the case worker, as such, in our model, spends an intensive period of time in a two month period driving people to these appointments if they're not able to get there themselves and our people have no more than three cases at one time.

So, it is that model that has small caseload ratio per worker and that's how we're able to do that. If they had more families, if they had anything approaching 20, we couldn't deliver services at that same level, but at the same time, we're able to keep families together because we're able to do this kind of intensive intervention.

Chairman MILLER. Let me, and I don't mean to make this just a dialogue here, I want other people to chime in. It seems to me there's some level of confidence in the different dates and the different programs, so that when you're done with this intensive effort, you have the real potential of kicking people out of the system. In fact, you know, one of the complaints that the local people continue to press upon me, in either the mental health field or social services, is you have this sort of reoccurring caseload so that you may get some placement for a while and then they come back, they come back.

And in many instances, those caseloads come back more difficult, more expensive, more troublesome, and yet the testimony this morning suggests that in the Maryland case, with this intensive 90 day effort, you've moved people to a different plateau. Yes, your description of the family in my county—I guess the end of the story is the notion that somehow that family now understands some of the dynamics that were taking place, is able to cope with them and isn't going to be dependent. Now, they may have ongoing therapy, but they're not going to be dependent on continually re-entering the very system that really didn't have time to do it right the first time.

Ms. BROWN. Right, and I believe that if you look very carefully at the part that we described in that family and if you can give a family handles for managing these problems, that these problems then are not mistakenly placed in the areas of guilt and blame and so forth. You see, if families feel, if parents feel that they need to punish more severely because they're not making any headway with a child and the child, in fact, can't hear or can't understand what is being said, as was the case in this example, then this just usually proceeds to be greater and greater discipline and abuse as opposed to being able to deal with the problems at hand.

I feel that when we connect these families to people in the school system and in mental health clinics and, depending on the problems in other agencies, that we give them handles for stepping up out of the system and going to those places if they have problems. We also remain available though and they can call in and of course we know the case and can direct them to other forms of help.

Chairman MILLER. Let me just ask you—because we're going to run out of time and I want Mrs. Boggs to have time—each of these programs appears to have a defined time limit: 90 days, 60 days, whatever it is. And Mr. Paschal, in your testimony, you suggested that you think that's a very important component: that we don't get back into just the generalized care of this family unit and just string it on, that we set some deadlines here for performance.

Is there agreement among the panelists that that is, in fact, important? What kind of guidelines do we have that allow you, as we think about this exchange of Title IV-B money, that allows you the flexibility and at the same time makes sure that we're not just back into the generalized system and underwriting, instead of 45 cases, 43 cases; I don't have a lot of interest in that at the moment.

CHAIRMAN MILLER. Mrs. Boggs, Welcome.

Mrs. BOGGS. I'm sorry for being late at this hearing. I'm on Appropriations Committee and we had a mock up of energy and water resources bill this morning and I was unable to be here earlier.

I'm very pleased that I was here to hear most of your testimony in this section of our hearings and, Ms. Brown, I'd just like to tell you that on one of my other Appropriations Subcommittees, also on energy and water, but in HUD and independent agencies, we've had very compelling testimony about the ecology of the environment on children and on unborn children most especially in the home place and in the work place and where some of the mothers are and I was very, very pleased to see the in depth reporting that you did to us on this very, very important aspect of the behavioral sciences as well as the physical ecological balances that we are competing out there all the time and those influences upon the personality and behavior and learning abilities of the children.

I was just thinking as I was looking over your testimony here that both Mr. Paschal and I are dripping from something or other and I'm sure it has something to do in the atmosphere. I've just come from New Orleans and I think I've jumped out of the frying pan into the fire as far as the environmental factors are concerned.

But it's an extraordinarily important science and just within the last few days, we've heard so much and read so much about Radon in Montgomery County, Maryland, that's adjacent, of course to Washington, D.C. It's a scare like doing away with termites and you have two competing difficulties there that attack people's homes and obviously attack their own health as well.

So, we're very grateful to you for bring this to us in such a detailed manner and I was so pleased—I'm so sorry, I don't know the name of the nice person who has substituted here for Virginia.

Ms. HURST. My name is Mona Hurst.

Mrs. BOGGS. Well, Ms. Hurst, it's very nice to see you and to have you here and I was so pleased at your being able to outline your program for Chairman Miller and the Committee. The good influence that the Committee can bring to bear by reaching out to the various organizations, local, State, county, private and public to offer some positive suggestions and in the way that Virginia has implemented those suggestions was extraordinarily gratifying to take the positive steps to implement a consensus determination, set up a Task Force, build upon the suggestions of the Chairman, have an assessment of needs, a commitment to serve families and then have the State Board take positive action in those regards, is very satisfying testimony.

Ms. Stein-Cowan, I would like to know your two reasons for the State's having problem with implementation of public law.

Ms. STEIN-COWAN. One is the problem that Chairman Miller has been referring to this morning, the problem of the inflexibility of IV-E funds. What that means is that if there is a IV-E eligible child in foster care in the State of New Hampshire, the Federal government subsidizes that placement rather generously to the tune of 40 or 50%.

When the State decides that that child should come home and engages our agency to do the reunification work to reunify that kid with his family, suddenly the state has to pay the full boat. There's absolutely no incentive to reunify those families. It would be cheaper for the State to keep the kids in foster care. That's a real problem and we would like to see some flexibility built into those funds

so that the funds actually follow the kid in the desired direction—the direction intended by the law.

The second problem is that there's a rather rigid compliance monitoring system that's been adopted to enforce the Act. We just recently experienced that monitoring process in our State. It's a pretty narrow and highly technical examination of paper and is not really capable of taking into account some of the positive steps the States are making in terms of working to preserve and reunify families.

New Hampshire, which is a very small, rural State, is spending $3 million a year on in State, private family preservation programs such as Familystrength and yet there is nowhere in the monitoring system where they can get credit for the work that they've done. It does seem that there should be a way to look more broadly at what States are doing and to reward in some way those that are actively preserving families in any way.

Someone testified that they thought the law needed more teeth and more enforcement. I just learned that we're going to be penalized about $80,000 for not having the appropriate boxes checked. I think it's important to go through the process and for us to be checking the boxes, but at the same time, I think other signs of compliance with the spirit of the law must be examined. And I think the issue of IV-E funding and the issue of the compliance monitoring system need to be looked at seriously and if changes were made there, I think it would be a very, very effective law.

Mrs. BOGGS. Thank you very much. That's what these hearings are all about. We need that kind of input very much.

Mr. Paschal, I was very impressed when you said the timeliness, intensity and accessibility are the key to success and then you went on to say that we need a dual orientation for counselors that's obviously needed. And, if you've got a proven model, stick with it and that you really need more lead time and longer period of funding from the Federal programs so that you don't have to stop them in the middle.

But then you said something that is so evident in all of the programs where we try to be helpful, particularly in the mental health field and then to try to place people back into whatever we consider a normal condition is and we don't really do enough in a transitional period and I wondered if you had any suggestions about programs that could be carried out or what should be done in the transitional period to keep the mental health aspects of the programs working and being successful for a long period of time?

Mr. PASCHAL. Well, I wish I really had a good suggestion for you. Honestly, I think the ideal is to have the State Protective Services System responsive enough to where they can enter these families, provide the case management expertise, make sure these people get to the mental health clinics and that kind of thing.

That's not occurring in Florida right now. I wish it were. I wish I could tell you that that was happening. It's not, but I think that's the key to it. I think it's adequate case management and linking people up to services and making sure that those are provided, but I'm not hopeful that that's going to happen anytime soon, so really a lot of it depends on these programs like the intensive crisis counseling program providing a lot of those linkages before they back

out of the program and like with any program, they're good or bad depending on the people that run them and that's just what we have.

Mrs. BOGGS. Well, certainly our experience with the homeless should make us recognize that when we have the splendid idea of de-institutionalizing people from mental health situations that we have to have a transitional period and support and adequate housing in order to make it work in the long run.

So, I thank all of you so very much. You don't know what you mean to us and to the legislation that we try to suggest to the appropriate committees and we are very, very grateful to you for the work that you do with the children.

CHAIRMAN MILLER. And let me add my thanks to that of Mrs. Boggs. We're trying in this Committee to slowly turn the government in the direction of investment, investment in both children and the families in which they live, and to get away from the maintenance of really non-responsive programs. I think that you and the previous panel have given us some hints and some goals here. And as I said, there is active consideration in the Ways and Means Committee of looking again at Public Law 96-272 to respond to some of the concerns that have been expressed to us by the States and some of the concerns that some of us here have, to see whether or not we can provide additional tools, mainly resources, to do the kind of work that you've described to the Committee. I think this record will be very helpful as we start to try to transfer some of this over to the Committee of jurisdiction.

Thanks for your time and, obviously, all of your help with these kids and their families. Thank you.

[Whereupon, at 12 noon, the Committee was adjourned.]

[Material submitted for inclusion in the record follows:]

PREPARED STATEMENT OF CAROLYN BILLINGSLEY, L.C.S.W. SUPERVISOR, INTENSIVE FAMILY SERVICES, PRINCE GEORGE'S COUNTY DEPARTMENT OF SOCIAL SERVICES, PRINCE GEORGE'S COUNTY, MD

The Prince George's County Department of Social Services Intensive Family Services Unit has been in existence since February, 1986. We have a staff of four licensed certified social workers and four para-professional parent aides. The services are delivered by teams of a social worker and parent aide who have a maximum caseload of six families for 90 days.

Our Service is designed to prevent foster care in families where there is significant risk for the children to be placed out of their homes. From February 1986 - May 1987, we served 114 families with 295 children. Seventy two percent (72%) of our cases came from Child Protective Services where the children had been abused or neglected. Eighteen percent (18%) of our cases came from Services to Families with Children which means the families voluntarily called for social services because of severe problems. Ten percent (10%) of our cases came to us specifically because of homelessness. Out of 295 children served, 14 (less than 5%) were placed in foster care. This compares to a foster care placement rate of 21% in Child Protective Services.

Our service is intense as its name suggests. We are available to our clients seven days a week and after hours although most service is provided

during weekdays. We help provide a large number of services through our agency or in the community including family therapy, individual counseling, parent skills development, child care, transportation, psychological evaluations, etc. We have flexible dollars to purchase services which otherwise would not be accessible. We most frequently purchase emergency shelter or other housing, utility payments, furniture, and household goods. We try to be creative in the use of our money, for example, paying for car repairs so that a parent will be able to drive to work or buying a haircut so a parent will look sharp on a job interview.

In my view, one of the most important services we offer is helping our families reestablish contact with extended family. Most of our families are isolated or estranged from others. Through our "family meetings" we help bring extended family and other significant persons together to talk about and plan how they may be of assistance to our family. In a sense, we ask the family at large to make a new commitment to be responsible for itself with community supports in place. Family meetings have been a powerful vehicle for helping our families stay together.

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